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STAFFORDSHIRE COUNTY COUNCIL

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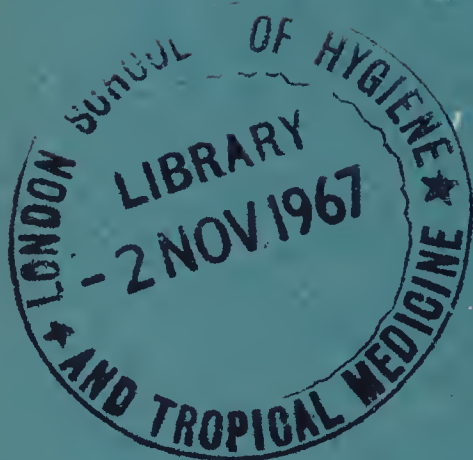
# ANNUAL REPORT

OF THE

**County Principal  
School Medical Officer**

**For the year 1955**

66178







STAFFORDSHIRE COUNTY COUNCIL

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School Medical Officer**

**For the year 1955**



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# **SCHOOL HEALTH SERVICE STAFF, 1955**

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## **County Principal School Medical Officer**

G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S., L.R.C.P.,  
D.P.H.

## **Deputy Principal County School Medical Officer**

H. BINYSH, M.D., M.B., B.S., L.R.C.P.&S.(Ed.), L.R.F.P.S.(Glas.)  
D.P.H., D.T.M. & H., Barrister-at-Law.

## **Senior Medical Officer and Assistant Medical Officer**

C. S. SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

## **Whole-time School Medical Officers**

(engaged in the School Health Service)

ELIZABETH O. ASTON, L.M.S.S.A.

HAZEL B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P.

AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.

P. BRODBIN, L.M., L.R.C.P.I., L.R.C.S.I. (Resigned 27-2-55).

MARAGARET J. CASH, M.R.C.S., L.R.C.P.

SARAH CLARK, M.B., B.Ch., B.A.O., D.P.H.

NORAH M. CLARKE, M.B., Ch.B.

G. R. DAVIES, B.Sc., L.M.S.S.A.

DOREEN E. GEORGE, M.B., Ch.B.

BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.

MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H., D.R.C.O.G.

H. E. WILSON, M.B., Ch.B.

HENRIETTA M. WILSON, B.A., B.Chir.

## **School Medical Officers**

### **holding Joint Appointments**

(engaged in the School Health Service)

A. W. M. BATTERSBY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Area  
Medical Officer and M.O.H. Utttoxeter U.D. and R.D.).

S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.R.C.O.G.,  
D.P.H. (M.O.H. Sedgley U.D. and Tettenhall U.D.).



C. FLEMING, M.B., Ch.B., D.P.H. (M.O.H. Rugeley U.D. and Tutbury R.D.).  
 J. T. A. GEORGE, M.B., Ch.B., D.P.H. (M.O.H. Coseley U.D.).  
 (Resigned 31-10-55).  
 R. C. GUBBINS, M.B., Ch.B., D.P.H. (M.O.H. Willenhall U.D.).  
 A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.  
 (M.O.H. Seisdon R.D.).  
 ELIZABETH P. MCWHIRTER, M.B., Ch.B., D.P.H. (M.O.H. Darlaston U.D.).  
 A. F. MORGAN, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.  
 (M.O.H. Tamworth M.B.).  
 F. J. MURRAY, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (M.O.H. Stone R.D.).  
 D. A. SMYTH, M.B., B.S., D.P.H. (M.O.H. Bilston M.B.).  
 A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D.).  
 E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and M.O.H. Cheadle R.D.).  
 R. WEBSTER, M.B., Ch.B., D.T.M. & H., D.P.H. (Area Medical Officer and M.O.H. Cannock U.D.).

### **Part-time School Medical Officers**

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.  
 MARY BOWIE, M.B., Ch.B., D.C.H. (Resigned 26-4-55).  
 A. B. CLARK, M.B., Ch.B., D.P.H.  
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.  
 IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).  
 JOSE V. HALL, M.B., Ch.B. (Resigned 18-6-55).  
 MARGARET A. HARTSHORNE, M.B., Ch.B. (Appointed 31-1-55. Resigned 27-8-55).  
 ROSE MACAULIFFE, M.B., B.Ch., B.A.O.  
 F. B. MACKENZIE, D.S.O., M.C., T.D., M.B., Ch.B., D.P.H.  
 T. R. O'DEMPSEY, M.B., B.Ch.  
 ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.  
 RUTH V. ROBSON, M.R.C.S., L.R.C.P., D.C.H. (Appointed 8-12-55).  
 EDITH G. SHERWOOD, M.R.C.S., L.R.C.P. (Dental Anaesthetist).  
 MARY M. SILLITO, M.B., B.S., M.R.C.S., L.R.C.P.  
 MILLICENT TATE, M.R.C.S., L.R.C.P., D.P.H. (Resigned 30-7-55).

### **Specialists**

(engaged in the School Health Service)

COUNTY PSYCHIATRIST :

H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

PART-TIME OPHTHALMIC SPECIALISTS :

A. N. CAMERON, M.B., Ch.B., F.R.C.S., D.O.M.S.  
 G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S.  
 N. A. JEVONS, L.M.S.S.A.  
 P. J. M. KENT, M.R.C.S., L.R.C.P., D.O.M.S. (Appointed 29-4-55)  
 (Resigned 18 11 55).  
 B. U. KILLEN, M.B., B.Ch., B.O.A., D.O.  
 \*H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.  
 K. RUBINSTEIN, M.D., F.R.C.S.(Ed.), D.O.M.S. (Appointed 17-5-55).  
 NINA WARWICK, M.B., Ch.B., D.O.M.S. (Resigned 11-4-55).

PART-TIME ORTHOPAEDIC SPECIALIST :  
N. HEATH, M.R.C.S., L.R.C.P., F.R.C.S.

PART-TIME E.N.T. SPECIALIST :  
W. D. PATERSON, M.B., Ch.B., F.R.C.S.  
\*Attends County Clinics as Regional Hospital Board Officer.

### **Principal County School Dental Officer**

F. C. WINTER, L.D.S.

### **Whole-time School Dental Officers**

A. S. BROGDEN, L.D.S.  
J. BRYDONE, L.D.S., R.C.S.  
J. BUNCH, L.D.S., R.C.S.  
MISS D. E. CHATER, L.D.S., R.F.P.S.  
E. COOPER, L.D.S.  
J. W. DAVIES, L.D.S.  
F. S. DUCK, L.D.S., R.C.S.  
S. FORD, L.D.S., R.C.S.  
G. J. HAMMERSLEY, L.D.S., R.C.S. (Appointed 15-4-55).  
F. INNES, L.D.S., R.C.S.  
J. L. JACQUES, L.D.S., R.C.S.  
MISS M. C. LAUDER, L.D.S., R.C.S.  
J. D. NELSON, L.D.S.  
T. C. J. PRICE, B.D.S.  
L. H. THOMPSON, L.D.S.  
A. J. WEAVER, L.D.S. (Resigned 16-10-55).

### **Part-time School Dental Officers**

MRS. E. M. CAULDWELL, B.D.S. (Appointed 18-10-55).  
MISS A. M. BLANDFORD, L.D.S., R.C.S. (Resigned 23-7-55).  
MISS J. BUTLER, B.D.S. (Resigned 28-1-55).  
T. S. F. EDWARDS, L.D.S., R.C.S. (Appointed 22-3-55).  
A. FLEMING, L.D.S., R.C.S. (Appointed 22-3-55 ; Resigned 7-6-55).  
L. F. KELLY, L.D.S., R.F.P.S.  
P. SLANEY, L.D.S.

### **Dental Hygienists**

MRS. E. W. EVANS.

### **Medical Auxiliaries**

PHYSIOTHERAPISTS :  
MISS F. M. BARNES, C.C.S.P.  
MRS. B. YEARSLEY, M.C.S.P.

SPEECH THERAPISTS :  
MISS H. M. BINKS, L.C.S.T.  
MISS D. BOWKFTT, L.C.S.T.  
MISS S. M. HAMMOND, L.C.S.T. (Resigned 23-9-55).  
MRS. D. R. MARCH, L.C.S.T. (Appointed 24-10-55).  
MRS. M. MILLIGAN, L.C.S.T. (Appointed 10-1-55).  
MISS J. M. MOON, L.C.S.T.

EDUCATIONAL PSYCHOLOGIST :  
D. MNISZEK, B.A. (Hons.).

PSYCHIATRIC SOCIAL WORKER :  
Miss M. WILLIAMS.

AUDIOMETRICIAN :  
Mrs. E. C. SPENCER, S.R.N.

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establish- ment</i>	<i>No. Employed on 31.12.55</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers.....	22	36	17.7
School Dental Officers .....	29	19	17.3
Dental Hygienist .....	1	1	1
Physiotherapists .....	4	2	2
Speech Therapists .....	6	5	4.63
School Nurses .....	34.92	131	27.92
Clinic Nurses .....	5.2	7	5.2
Dental Attendants—Qualified	} 30	2	} 18.7
Unqualified		18	
Clerks .....	23	23	23
Audiometrician .....	1	1	1
Audiometric Clerk .....	1	1	1

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid 1955) .....	663,800	226,300	890,100
Acreage .....	99,696	585,543	685,239
Density of population per acre .....	6.66	0.39	1.30
Mean area per person in acres .....	0.15	2.59	0.77

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Estimated School population of Administrative County (excl. Newcastle) .....	127,663
Estimated School population of Newcastle Excepted District	13,000
Average number on roll (excl. Newcastle) .....	127,268
Average number on roll (Newcastle only) .....	12,788
Average Attendances (excl. Newcastle) .....	115,400
Average Attendances (Newcastle only) .....	11,789

Number of schools and departments in the County (incl. Newcastle) :—

Nursery Schools .....	17	} Total
County Primary Schools .....	280	
Voluntary Primary Schools .....	235	
County Secondary Modern Schools .....	87	
Voluntary Secondary Modern Schools .....	8	
County Secondary Grammar and High Schools .....	22	
Voluntary Secondary Grammar and High Schools .....	2	
County Secondary Technical Schools .....	3	
Special Schools—Residential .....	5	}
—Day .....	1	
—Hospital .....	2	
		662

<i>Average No. on Roll</i>			
<i>School</i>	<i>County Area</i>	<i>Newcastle</i>	<i>Total</i>
Primary .....	87,926	7,757	95,683
Secondary Modern.....	31,321	2,752	34,073
Secondary Grammar .....	6,209	2,115	8,324
Secondary Technical .....	860	—	860
Nursery .....	513	164	677
Special .....	439	—	439
	<hr/> 127,268	<hr/> 12,788	<hr/> 140,056



# Annual Report of the County Principal School Medical Officer

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1955

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## *Preface*

The year 1955 brought no remarkable changes in the School Health Service in Staffordshire, but there was an appreciable expansion and consolidation of the work. A number of experimental schemes were initiated, perhaps the most important being the replacement of the intermediate routine examinations of children in certain limited areas of the County by more frequent visits to the schools by nurses and doctors to discover those children who had not made good progress. By the end of the year it was apparent that far fewer children with defects had been detected by this alternative method than by the routine examination of every child. The scheme is being continued during the present year but the methods employed have been revised considerably.

The total number of inspections of children remained very similar to that of the previous year ; the small fall in the number of routine examinations being balanced by an increase in the number of special examinations. Had there not been a temporary shortage of medical staff during the latter part of the year, it is likely that there would have been a substantial increase in the number of examinations performed as was the case in the previous year.

Under the present arrangements for Child Guidance it was impossible to deal with all the children requiring treatment so that, following a fall in the number of children seen at the Clinics during the period under review, the waiting lists had substantially increased by the end of the year. Up to the present, the Education Committee have not felt justified

in authorising an increase in the present limited Service. The Report of the Committee on Maladjusted Children, which has recently been published, has recommended that a comprehensive service should be available in each area and the Education Committee are awaiting the official views of the Ministry on the subject

The unsatisfactory position, mentioned in previous reports, as regards the dental treatment scheme was not improved during the year and, indeed, there was a further diminution in the professional staff, coupled with an increased amount of sickness. It is becoming increasingly obvious that the shortage of dental surgeons is not a temporary phenomenon or one to which there is a ready answer, and it seems that the solution can only come through preventative measures to reduce the demands on the present staff. Better dietary habits, careful attention to oral hygiene, fluoridation of water supplies and an increased use of dental ancillaries are some of the measures which have been suggested and justify a trial. The first two items mentioned can be, and are being, dealt with under the existing scheme, but the other two are dependent on the action of the Ministry concerned, which we await with impatience.

There were two other unsatisfactory features during the year, i.e. the continuing difficulty of obtaining urgent treatment for children requiring tonsillectomy and the presence of diphtheria in some parts of the County. An outbreak of this latter disease which occurred at one of the Special Schools during the year was quickly brought under control by vigorous measures but the experience once more underlined the need for constant vigilance and a renewed effort to ensure that all children receive regular protection against this disease.

It is pleasing to be able to report that there was a steady if slow, improvement in the hygienic conditions of the schools. A comprehensive programme for modernisation of old buildings was agreed by the Education Committee and it is hoped that the present economic position will not unduly delay the implementation of the scheme which will bring many benefits to the school children of the County.



This year has also seen a steady continuation of the welcome improvement in the general health of the children. Over 98.5% of children were classed as being in a satisfactory state of health. One of the recurring problems is to ensure that every child has an adequate amount of sleep and to enlist the support of parents in this respect. The impact of television on social habits has brought this problem once more to the fore.

In the last Annual Report reference was made to the good work being done at the Staffordshire Special Schools and attention was drawn to Needwood School which has further expanded during the year from 100 to 134 places. The high regard in which the School is held is evidenced by the extent of the waiting list which has already become a source of mild embarrassment.

The consent of the Minister of Education was received during the year for the expansion of the range of the Staffordshire Special Schools by provision of a school for physically handicapped children in the south of the County. There have been a number of children with multiple handicaps whom it has been extremely difficult to place at existing schools, particularly children with spastic and allied conditions. The prospect of being able to make provision for children with handicaps of this nature is therefore very welcome since it will enable many of these children to obtain an education which would otherwise be denied them and fit them to take their places as useful members of the community.

This foreword can only select the highlights of what the figures in the following report prove to have been a very full year's work, so that it is impossible to mention specially many other important and interesting aspects of the work which was performed. The staff of the Service, Medical, Dental, Nursing and Clerical, have all given very excellent service during the year and must be thanked for complete co-operation and loyalty. In addition, the work of the School Health Service has been greatly facilitated by the help given by the Director of Education and his staff, to whom our grateful thanks are extended.

Needless to say, these gratifying results would have been impossible but for the eagerness displayed by the Education Committee to bring this Service to the maximum of efficiency; and the kind manner in which they have considered suggestions to that end has been greatly appreciated.

G. RAMAGE,  
County Principal School Medical Officer

# REPORT

## PART I.—INSPECTIONS AND OTHER EXAMINATIONS

**Table I. Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools)**

### A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :

	1953	1954	1955
Entrants .....	16,431	16,034	14,039
Second Age Group .....	9,462	11,165	11,412
Third Age Group .....	5,569	8,493	7,947
	<hr/>	<hr/>	<hr/>
Total .....	31,462	35,692	33,398
	<hr/>	<hr/>	<hr/>

Other Periodic Inspections			289
			<hr/>
			33,687
			<hr/>

### B. Number of other Inspections :

Special Inspections .....	57	1,518	257
Re-inspections .....	15,827	20,221	24,098
	<hr/>	<hr/>	<hr/>
Total .....	15,884	21,739	24,355
	<hr/>	<hr/>	<hr/>

### C. Pupils found to require treatment.

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

	<i>For defective vision (excluding Squint)</i>	<i>Percentage of Pupils with def. vision</i>	<i>For any of the other conditions recorded in Table 2</i>	<i>Percentage of Pupils with other defects</i>	<i>Total Individual Pupils</i>
Entrants .....	200	1.42	962	6.85	1,124
Second Age Group	451	3.95	664	5.82	1,048
Third Age Group	350	4.4	299	3.76	623
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL .....	1,001	3.0	1,925	5.76	2,795
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Other Periodic Inspections .....	7	2.42	10	3.46	17
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	1,008	2.99	1,935	5.74	2,812
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

**Table 2. Return of Defects Found**

			PERIODIC INSPECTIONS No. of Defects		SPECIAL INSPECTIONS No. of Defects	
<i>Defect or Disease</i>			<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not requiring treatment</i>
Skin	.....	.....	224	895	4	7
Eyes—						
(a) Vision	.....	.....	1,008	1,621	27	27
(b) Squint	.....	.....	153	506	4	5
(c) Other	.....	.....	96	265	4	2
Ears—						
(a) Hearing	.....	.....	79	593	2	10
(b) Otitis Media			89	523	3	10
(c) Other	.....	.....	47	223	1	2
Nose or throat	.....	.....	451	4,021	10	24
Speech	.....	.....	71	437	9	25
Cervical Glands	.....	.....	48	1,543	—	14
Heart and Circulation			30	545	—	2
Lungs	.....	.....	89	1,427	—	13
Developmental—						
(a) Hernia	.....	.....	27	123	—	—
(b) Other	.....	.....	23	550	—	1
Orthopaedic—						
(a) Posture	.....	.....	45	575	2	2
(b) Flat foot	.....	.....	221	958	2	3
(c) Other	.....	.....	337	2,333	1	7
Nervous System—						
(a) Epilepsy	.....	.....	9	67	—	5
(b) Other	.....	.....	10	462	—	8
Psychological—						
(a) Development			22	169	5	18
(b) Stability	.....	.....	20	243	1	15
Other	.....	.....	166	848	10	20

For the first time in recent years there has been a slight decrease in the number of periodic medical inspections. This is due to the resignation of a number of the medical staff during the year so that at the end of the year there were four



fewer medical officers than at the end of 1954. As a result it was not quite possible to complete the inspections for the year. There has, however, been an increase of 2,616 in the number of "other inspections" so that the total number of inspections is closely similar to those of the previous year.

There has been a decrease in the number and percentage of pupils with eye defects which required treatment (i.e. 2.99% as compared to 3.49% though the figures are very similar to the number of other pupils requiring treatment.

There were decreases in the number of skin complaints and defects of the ear, nose or throat requiring treatment, which were exceeded by increases in the numbers requiring observation.

There was a slight increase in the number of orthopaedic defects requiring treatment and observation and a reduction in the number of cardiac defects requiring observation.

During the year, two modifications of the scheme of routine intermediate examinations were commenced as experimental measures in limited areas of the County.

In one area it was decided to postpone the routine intermediate examination of children until after the child had entered the secondary school. It was felt that this would prove advantageous in that defects are better brought to the notice of the Head of the school at which the child is likely to spend the remainder of school life. This scheme has generally been welcomed by the schools concerned.

In another part of the County it was decided to replace the routine medical inspections of the 11-year old children with more frequent visits to the schools by Nurses and Doctors. Children who are not up to par should quickly be detected by this means and brought forward for a full routine inspection. The response to date has been disappointing and it has been suggested that this is because children are now receiving prompt treatment from the family doctor.

The scheme is continuing and a further report will be available in the next Report.

**Table 3. Parents attending Periodic Medical Inspections**

(1) <i>Age Group</i>	(2) <i>No. of children Examined</i>			(3) <i>No. of Parents Attended</i>			(4) <i>Col. 3 as % of Col. 2</i>		
	1953	1954	1955	1953	1954	1955	1953	1954	1955
Entrants .....	16,431	16,034	14,039	14,600	14,100	12,462	88.86	87.93	88.76
2nd Age Group	9,462	11,165	11,412	6,008	7,841	8,149	63.50	70.23	71.40
3rd Age Group	5,569	8,493	7,947	733	1,351	1,056	13.16	15.91	13.28
Other Periodic Inspections			289			204			70.58
TOTAL	31,462	35,692	33,687	21,341	23,292	21,871	67.83	65.26	64.92

The figures in the above table show a continued fall in the total percentage of parents attending at all medical inspections and this is due to the drop in their attendance at the examination of the third age group. It will be seen that there is an increase in the percentage of parents attending at the medical inspection of children in the entrants and second age group. It is important that parents should be present at the examination of the "leavers" for it is at this time that an assessment is made of a child's fitness for employment and an opportunity is given for the parent to discuss any medical aspect regarding the child's future prospects with the medical officer.

**(b) Table 4. Ascertainment of Handicapped Pupils during 1955**

<i>Category</i>	<i>Number of Children Ascertained</i>
Blind .....	6
Partially Sighted .....	4
Deaf .....	7
Partially Deaf .....	18
Delicate .....	106
Educationally Sub-Normal .....	279
Epileptic .....	59
Maladjusted .....	162
Physically Handicapped .....	169
	810



(c) **Notification of Handicapped Pupils leaving School to the Youth Employment Service**

No. of reports issued for moderately handicapped children	.....	.....	.....	.....	859
No. of reports issued for severely handicapped children	.....	.....	.....	.....	43
					<hr/>
Total	.....	.....	.....	.....	902
					<hr/>

Arrangements have been made with the Area Youth Employment Committees whereby School Medical Officers may be consulted prior to committee meetings to enable their reports to be considered by the committee. In difficult cases the Medical Officer may attend the committee to advise regarding any particular matter.

(d) **Table 5. Miscellaneous Examinations**

<i>Type of Examination</i>	<i>Number</i>		
	1953	1954	1955
Aircraft Apprentices	1	—	—
Employment Licences	1,289	1,339	1,492
Entrants to courses of training for Teachers	242	305	325
Entrants to the Teaching Profession	98	113	166
Superannuation	213	331	342
	<hr/>	<hr/>	<hr/>
Totals	1,843	2,088	2,325
	<hr/>	<hr/>	<hr/>

The table above shows there has been a continued increase in the number of these examinations. All of them are carried out by the School Medical Officers at the School Clinics so that more time is steadily being devoted to this work.

There were only two children found to be unfit of the 1,492 children who were examined for employment licences as compared with six children rejected in 1954.

(e) Home Visiting

**Table 6. Details of home visits made by Nursing Staff**

<i>Reason for Visit</i>	<i>No. of visits</i>
Cleanliness and verminous cases	3,145
Arising out of medical inspections	1,156
Arising out of attendances at clinics	815
Visual defects	4,541
Tonsils and adenoids cases	275
Orthopaedic defects	247
Scabies cases	55
Ringworm cases	13
Other skin diseases	201
Neglected children	546
Ineffectual visits	1,059
	<hr/>
	12,053
	<hr/>

The School Nurses made 708 more visits to the homes as compared with 1954, but unfortunately 466 of these were accounted for by visits when for various reasons it was not possible to interview the parents. Without taking ineffectual visits into account, 242 more visits were made. A majority of the visits made in regard to children suffering from visual defects were for the purpose of the instillation of atropine into children's eyes immediately prior to examination at the ophthalmic clinics.

The visitation of children's homes is an important part of the School Nurses' work for by this means it is ensured that children obtain the treatment which has been recommended by the Medical Officer.

## PART II—TREATMENT

**Table 7. Details of treatment given**

### *Diseases of the Skin*

				No. of cases treated or under treatment during the year	
				By the Authority	Otherwise (Hospital, etc.)
Ringworm—	(i) Scalp	.....	.....	14	—
	(ii) Body	.....	.....	4	—
Scabies	.....	.....	.....	19	—
Impetigo	.....	.....	.....	537	2
Other Skin Diseases	.....	.....	.....	3,241	24
Total				3,815	26

### *Eye Diseases, Defective Vision and Squint*

				Number of cases dealt with	
				By the Authority	Otherwise (Hospital, etc.)
External and other, excluding	errors of refraction and squint			946	32
Errors of refraction (incl. squint)				2,362	391
Total				3,308	423

### Number of pupils for whom spectacles were

(a) Prescribed.....	.....	.....	4,144	219
(b) Obtained	.....	.....	3,951	203

### *Diseases and Defects of Ear, Nose and Throat*

				Number of cases treated	
				By the Authority	Otherwise (Hospital, etc.)
Received operative treatment					
(a)	for diseases of the ear	.....		—	—
(b)	for adenoids and chronic				
	tonsilitis	.....	.....	—	1,550
(c)	for other nose and throat				
	conditions	.....	.....	—	4
Received other forms of treatment				910	214
Total				910	1,768

## *Orthopaedic and Postural Defects*

				<i>Number of cases treated</i>	
				<i>By the</i>	<i>Otherwise</i>
				<i>Authority</i>	<i>(Hospital, etc.)</i>
Number treated as in-patients in hospitals					64
Number treated otherwise, <i>e.g.</i> in clinics or out-patient depart- ments .....				458	1

## *Child Guidance Treatment*

				<i>Number of cases treated</i>	
				<i>By the</i>	<i>Otherwise</i>
				<i>Authority</i>	<i>(Hospital, etc.)</i>
Number of pupils treated at Child Guidance Clinics .....				216	—

## *Speech Therapy*

				<i>Number of cases treated</i>	
				<i>By the</i>	<i>Otherwise</i>
				<i>Authority</i>	<i>(Hospital, etc.)</i>
Number of pupils treated by Speech Therapists .....				831	28

## *Other Treatment Given*

				<i>Number of cases treated</i>	
				<i>By the</i>	<i>Otherwise</i>
				<i>Authority</i>	<i>(Hospital, etc.)</i>
Miscellaneous minor ailments .....				664	147
Respiratory defects .....				461	91
Injuries .....				2,459	137
Debility and malnutrition .....				887	—
Infectious diseases .....				—	249
Other .....				—	434
				<hr/>	<hr/>
Total .....				4,471	1,058
				<hr/>	<hr/>



(a) COUNTY CLINICS

Table 8. SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)  
as at 31-12-55

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Aldridge	Assembly Rooms	9-0—10-30 Wed. weekly	—	—	—
Audley	District Council Office	2-0—2-30 Tues. weekly	—	(closed temp)	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—
Biddulph	Church Hall	9-0—10-30 Fri. every 2nd and 4th in month	*	(closed temp.)	—
Bilston	†Centre Health Clinic	9-0—10-30 Daily inc. Sat.	*	1-30—4-0 Tues. weekly	9-30—4-30 Mon. and Thurs. weekly 9-30—12-0 Tues. weekly 9-30—12-0 Fri. weekly
Brewood	Dr. Cheshire's Surgery Sandy Lane	9-0—10-30 Wed. fortnightly	*	9-30—12-30 Tues. every three months	—
Brierley Hill	Fairview, Church Hill	9-0—10-30 Tues. weekly	*	9-30—5-0 Mon. fortnightly	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Brownhills	Mount Zion Primitive Meth. School, High St.	9-0—10-30 Tues. weekly	—	—	—
Cannock	† ‡ (1) Health Department, Church Street	9-0—10-30 Mor. and Fri. wkly.	*	2-0—4-0 Friday weekly	—
	(2) Arthur Street, Chadsmoor	9-0—10-30 Mon. and Wed. wkly. 2-0—4-0 Friday weekly	*	—	9-30—4-30 Thurs. wkly, except for 4th Thurs. p.m. every other mth.
	(3) St. John's Institute, Hednesford Rd., Heath Hayes	10-45—12-0 Mor. weekly	—	—	—
Chasetown	(4) Cannock Rd., Hednesford	9-0—10-30 Wed. and Fri. weekly	*	—	—
	Youth Centre, Sankey's Corner	9-0—10-30 Tues. weekly	—	—	—
	Carlos Memorial Institute	9-0—10-30 Tues. weekly	*	9-30—5-0 Friday every 6—8 weeks	9-30—12-0 Wed. weekly
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	—	—	—
Cheslyn Hay	Junior School	9-0—10-30 Mor. fortnightly	—	—	—
Coseley	Bayer Hall	9-0—10-30 Mon., Wed. and Fri.	9-0—5-0 Daily	9-30—5-0 Mon. every 2—4 wks.	—
Darlaston	Slater Street	9-0—10-30 Mon. and Thurs. weekly	9-0—5-0 Daily (closed temp.)	2-0—5-0 Fri. twice every 3 weeks	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. weekly	—	—	—
Endon	Parish Hall	—	—	(closed temp.)	—
Essington	Methodist School	2—2-30 Wed. fortnightly	—	—	—
Featherstone	United Methodist Chapel	9-0—10-30 Fri. weekly	*	9-30—12-30 Tues. every 6 to 8 wks.	—
Great Wyrley	(1) Great Wyrley Junior School (2) Wesleyan School	9-0—10-30 Wed. fortnightly 9-0—10-30 Wed. fortnightly 10-30—12 Wed. fortnightly	—	2-0—5-0 Tues. every 6 to 8 wks. —	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. fortnightly	—	—	—
Harriseahead	Wesleyan Sunday School High Street	9-0—10-30 Tues. fortnightly	—	—	—
Hurtington	St. Thomas's Church Institute	9-0—10-30 Thurs. fortnightly	—	—	—
Kidsgrove	Day Nursery, Liverpool Road	9-0—10-30 Mon. fortnightly	—	(closed temp.)	9-30—4-30 Fri. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Kingswinford	(1) Wesleyan Methodist Sunday School, Moss Grove (2) One in All rooms, Oak Street	9-0—10-30 Tues. fortnightly —	— *	— —	1-30—4-30 Wed. 9-30—4-30 Fri. —
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	—	—
Leek	(1) Cripples' Aid Society Clinic, Salisbury Street (2) Alsop Street	9-0—10-30 Mon., Thurs. and Fri. —	— *	9-30—5-0 Wednesday every 2—3 weeks —	9-30—4-30 Tues. weekly —
Lichfield	‡ Sandford Street	9-0—10-30 Wed. weekly	*	9-30—12-0 Fri. weekly	9-30—4-30 Tues. 2-0—4-30 Thurs. weekly
Lower Gornal	Zion Methodist School Room	9-0—10-30 Fri. fortnightly	—	—	—
Madeley	Village Hall	9-0—10-30 Thurs. fortnightly	—	(closed temp.)	—
Norton Canes	Trinity Methodist Church Brownhills Road	10-45—12-0 Mon. fortnightly	—	—	—
Pelsall	Central Hall	9-0—10-30 Mon. weekly	—	—	—
Penkridge	Peace Memorial Hall	9-0—10-30 Thurs. fortnightly	—	—	—



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Pheasey Estate	(1) 2, Crome Road	9-0—10-30 Tues. weekly	2-0— 4-30 Tues. weekly	9-30—12-30 Weds., every 3 months	9-30—4-30 Wed. weekly
Quarry Bank	‡ (2) County Primary School Mount Pleasant	..... 9-0—10-30 Mon. weekly	..... *	..... —	..... —
Rowley Regis	‡ (1) Carlyle Road, Blackheath	9-0—10-30 Mon. weekly	9-0—5-0 Daily alternately as required at clinic	2-0—4-0 2nd and 4th Tues. in month	9-30—12-0 Tues. and Wed. weekly
	‡ (2) Mace Street, Old Hill	9-0—10-30 Tues. weekly	Do.	2-0—4-0 1st and 3rd Tues. in month	—
	‡ (3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	Do.	—	—
	(4) Methodist School Room, Springfield	2-0—2-30 Thurs. fortnightly	—	—	—
Rugeley	‡ (1) Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	*	—	—
	(2) Senior Girls' School	—	—	9-30—12-30 Wed., every 3—4 weeks	—
Sedgley	(1) Bleak House	9-0—10-30 Tues. weekly	—	9-30—5-0 Mon. every 4—6 wks.	—
	(2) Quadrant	9-0—10-30 Weds. fortnightly	*	—	9-30—4-30 Tues. weekly
Shelfield	Coal Heath Lane, off Lichfield Road	9-0—10-30 Thurs. fortnightly	* (closed temp.)	9-30—12-30 Wed. every 2—3 weeks	9-30—4-30 Mon. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Short Heath	Old Short Heath Church Schools	9-0—10-30 Fri. weekly	—	—	—
Stafford	(1) Lammascote Road (2) North Walls	9-0—10-30 Daily inc. Sats. —	9-0—5-0 Daily —	9-30—5-0 Tues. fortnightly —	— 1-30—4-30 Mon. 9-30—4-30 Fri. 1-30—4-30 Wed. weekly
Stone	(1) St. Michael's Hall (2) Kitchener Institute	9-0—10-30 Thurs. weekly —	— * —	9-30—12-30 Tues. every 4—6 wks. — —	— — —
Talke	Wesleyan School, New Road	9-0—10-30 Thurs. fortnightly	—	—	—
Tamworth	School of Industry Marmion Street	9-0—10-30 Thurs. weekly	* (closed temp.)	9-30—12-30 Mon. every 2 weeks	9-30—4-30 Fri. weekly
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	* —	9-30—12-30 Wed. every 6—8 wks.	1-30—4-30 Mon. weekly
Tipton	‡ (1) Central Clinic, Horseley Rd.  (2) Princes End Junior Mixed and Infants' School	9-0—10-30 daily incl. Sat. — 9-0—10-30 Mon. and Thurs. weekly	9-0—5-0 daily — —	10-0—12-30 Tues. weekly — —	9-30—12-30 Mon. 9-30—4-30 Thurs. weekly —
Tutbury	(1) Methodist Sunday School (2) Tutbury Senior School	1-30—2-0 Fri. fortnightly —	— — —	— (closed temp.) —	— — —

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	2-0—5-0 Tues. fortnightly	9-30—12-0 Tues. weekly
Walsall Wood	Prim. Methodist School, Lichfield Road	9-0—10-30 Wed. weekly	—	—	—
Wednesbury	(1) Technical School, Albert Street (2) King's Hill ‡ (3) Mesty Croft	9-0—10-30 Mon. and Fri. weekly 9-0—10-30 Tues. and Fri. weekly 9-0—10-30 Mon. and Thurs. wkly	— — — —	— — — —	— — — 9-30—4-30 Wed. weekly
Wednesfield	Wesleyan Sunday School	9-0—10-30 Tues. weekly	—	—	—
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	—	—	—
Willenhall	‡ (1) Nurses Home, Walsall Road. (2) Albion Road	9-0—10-30 Mon. and Fri. wkly. —	— *	9-30—12-30 Thurs. weekly —	— —
Wordsley	Primitive Methodist Sunday School	9-0—10-30 Mon. weekly	*	—	—

\* Dental Clinics are also held on these premises as and when necessary.

† An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0—5-0 except Saturday.

‡ Ultra Violet Light Clinics held on these premises once or twice weekly.

### (i) Minor Ailment Clinics

		1953	1954	1955
No. of Clinics	.....	64	64	65
No. of first visits	.....	17,604	15,322	12,098
No. of re-visits	.....	34,047	34,526	29,810

The number of children attending the clinics for the first time continues to fall, and this year there has been a drop in the number of re-visits.

The clinics continue to be used :—(i) for the follow-up of cases from school inspections ; (ii) by head teachers for referring children for advice ; (iii) examination and follow-up of handicapped children—the number of these seen by appointment has steadily increased throughout the year ; (iv) examination of employees and students for admission to training colleges. 80 more handicapped children were examined and there was an increase of 237 in the number of miscellaneous examinations.

The smaller number of children attending the clinics is reflected in the decrease in the number of diseases and defects found shown in the following table. There were 3,151 conditions less reported this year as compared with last.

With the extension of the National Health Service, it may be thought that minor ailment clinics are becoming superseded and are no longer required, but the evidence is rather to the contrary. Whilst a small number of mothers attend because they seek “another opinion” these cases are in the minority, and most attend for advice on conditions which they would not refer to the family doctor. There appears to be an awakening to the preventive aspects of the service and to the value of early recognition and treatment or advice regarding posture and behaviour difficulties, etc.

**Table 9. Diseases and Defects found at Minor Ailment Clinics**

<i>Disease or Defect</i>				<i>No. of Cases</i>
Defective Vision	.....	.....	.....	1,673
Blepharitis	.....	.....	.....	217
Conjunctivitis	.....	.....	.....	186
Other eye defects	.....	.....	.....	283



Otitis Media	.....	.....	.....	.....	294
Enlarged Tonsils and/or Adenoids	.....	.....	.....	.....	287
Other ear, nose and throat defects	.....	.....	.....	.....	329
Coryza	.....	.....	.....	.....	142
Bronchitis	.....	.....	.....	.....	250
Asthma	.....	.....	.....	.....	69
Ringworm Scalp	.....	.....	.....	.....	14
Body	.....	.....	.....	.....	4
Scabies	.....	.....	.....	.....	19
Impetigo	.....	.....	.....	.....	537
Boils	.....	.....	.....	.....	401
Septic Sores	.....	.....	.....	.....	1,309
Warts	.....	.....	.....	.....	719
Other skin defects	.....	.....	.....	.....	812
Burns	.....	.....	.....	.....	189
Sprains and strains	.....	.....	.....	.....	419
Major Injuries (including fractures)	.....	.....	.....	.....	43
Minor Injuries	.....	.....	.....	.....	1,851
Heart Conditions	.....	.....	.....	.....	43
Infectious Diseases	.....	.....	.....	.....	34
Debility and Malnutrition	.....	.....	.....	.....	887
Deformities	.....	.....	.....	.....	125
T.B. Cervical glands	.....	.....	.....	.....	23
Fibrositis	.....	.....	.....	.....	7
Other defects	.....	.....	.....	.....	990
No abnormality detected	.....	.....	.....	.....	177
					— — —
Total	.....	.....	.....	.....	12,333
					—————

## (ii) Ophthalmic Clinics

**Table 10. Visual and External Eye Defects**

	1953	1954	1955
No. of children examined	8,182	8,000	7,546
No. of children attending for the first time	3,484	2,743	2,999
No. of re-visits	4,698	5,257	4,547

## Analysis of major defects found among new cases :

### *Errors of Refraction :—*

Hypermetropia .....	387
Hypermetropic astigmatism .....	299
Compound hypermetropic astigmatism .....	201
Myopia .....	593
Myopic astigmatism .....	102
Compound myopic astigmatism .....	173
Mixed astigmatism .....	109
Anisometropia .....	498

### *Diseases and abnormalities :—*

#### *Lids and Conjunctiva :—*

Blepharitis .....	38
Squamosa Blepharitis .....	1
Phlyctenular Conjunctivitis .....	1
Conjunctivitis .....	5
Follicular Conjunctivitis .....	5
Ptosis .....	7
Partial Ptosis .....	4
Epicanthus .....	55
Blocked Tearduct .....	1
Partially occluded Lachrymal Ducts .....	1
Amblyopia .....	25
Hysterical Amblyopia .....	1
Trichiasis .....	1
Epiphora..... .....	1
Meibomian Cyst .....	1
Chalazion .....	1
Dacryocystitis .....	1
Mucocele .....	1

#### *Cornea :—*

Nebulae of Cornea .....	7
Corneal scars .....	6
Anterior Synechia .....	1
Conical Cornea .....	1

#### *Iris :—*

Traumatic Coloboma of Iris .....	1
Congenital Coloboma of Iris and Choroid .....	2
Congenital Coloboma of Choroid .....	3
Albinism .....	10
Partial Albinism .....	1
Anisocoria .....	3
Central Choroidal Atrophy .....	1
Chronic Iridocyclitis .....	1
Anomaly of L. Pupil .....	1

#### *Lens :—*

Congenital Cataract .....	1
Zonular Cataract .....	3
Lamellar Cataract .....	2
Aphakia (Post Traumatic Cataract) .....	1
Dislocated Lens .....	1
Anterior Polar Cataract .....	3

#### *Retina :—*

Central Retinal Atrophy .....	1
Coloboma of Disc .....	1
Pigmentary Degeneration of Maculae .....	1
Macular Atrophy .....	1
Retino Choroidal Degeneration .....	1
Toxoplasmosis .....	1

#### *Nerve :—*

Optic Atrophy .....	1
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*Muscles :—*

Squint .....	314
Nystagmus .....	6
Congenital Iridocyclitis Nystagmus .....	2
Exophoria .....	2
Ocular Torticollis .....	10
Asthenopia .....	5
Accommodative Asthenopia .....	1
Accommodative Spasms .....	1
Oblique Palsy .....	1
External Rectus Palsy .....	1
External Ocular Muscle Palsy.....	1

*Globe :—*

Buphthalmos .....	1
Microphthalmos .....	5
Orbital assymetry .....	1

Colour Blindness .. ..	1
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There was a fall of 454 in the total number of children seen during the year due to the time lost following changes of staff, although there was an increase of 256 in the number of new cases examined. The total number of children re-examined decreased by 710.

The present staff is fully occupied but the waiting lists at some clinics are continually extending. It has not been possible to engage more staff and in one or two instances the number of ophthalmic clinics cannot be increased because of premises not being available.

A school nurse is still engaged whole time in the testing of vision of the 8 year age group, and this examination tends to increase the number of children who are awaiting examination by the Ophthalmic Surgeons.

More cases of squint were discovered during the year—593 as compared with 494 in 1954. A number of cases are referred to the various hospitals for orthoptic treatment or operation, and details of the orthoptic cases are given on page 45.

The number of cases of myopia has increased from 494 in 1954 to 593, but very few cases of progressive high myopia were seen. Children who are diagnosed to be suffering from this defect are kept under frequent supervision.

The School Health Service Ophthalmic Service has worked in close co-operation with the Hospital and General Practitioner Services throughout the year.

**(iii) Cannock Orthopaedic Clinic**

**Table 11. Statistics for 1954**

No. on register at end of December, 1955	.....	234
No. of new cases	.....	128
No. of children discharged cured	.....	56
No. of cases lost sight of, etc.	.....	36
No. of attendances for physiotherapy	.....	2,949
No. of attendances for ultra violet light treatment		1,936
No. of examinations by Orthopaedic Surgeon	.....	646

**Table 12. Defects treated during 1955**

Anterior poliomyelitis	.....	12
Erb's Palsy	.....	1
Scoliosis	.....	3
Kyphosis	.....	5
Lordosis	.....	1
Slack back	.....	18
Genu valgus.....	.....	75
Genu varum	.....	7
Hallux valgus	.....	9
Flat feet	.....	101
Pes cavus	.....	3
Hammer toes	.....	14
Talipes equino varus	.....	17
Talipes calcaneo valgus	.....	2
Dislocation of hip	.....	1
Torticollis	.....	4
Short leg	.....	1
Brevicollis	.....	1
Cut tendon	.....	1
Fractures	.....	2
Ganglion	.....	1
Exostosis os calcis	.....	3
Osteomyelitis	.....	1
Semi-membraneous bursa	.....	1
Other conditions	.....	6

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290

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#### (iv) Remedial Exercises Clinics

The full time Physiotherapist who was appointed in October, 1954, continued to work throughout the year at the three clinics established at Lichfield, Rugeley and Stafford.

The following table shows the work carried out :—

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children whose treat- ment was completed</i>	<i>No. of children discharged</i>	<i>No. of children under treat- ment 31.12.55</i>	<i>No. of treatments given</i>
Lichfield .....	37	21	22	12	386
Rugeley .....	45	21	8	21	408
Stafford .....	118	57	44	45	1,392

Unfortunately, it was necessary to discharge 58 children because of unsatisfactory attendance at the clinics. They have been followed up by the School Nurses with a view to persuading parents to agree to the resumption of treatment.

Before children cease treatment, they are referred to a Medical Officer for examination.

The following table shows the main defects for which treatment was necessary :—

		<i>Breathing</i>	<i>Defects of</i>		
		<i>Posture</i>	<i>Exercises</i>	<i>Legs &amp; Feet</i>	<i>Others</i>
Lichfield	.....	—	5	7	—
Rugeley	.....	2	4	13	2
Stafford	.....	8	18	18	1

#### (v) Ear, Nose and Throat Clinics

The Consultant Ear, Nose and Throat Specialist has continued to work on a part-time basis during the year and the following tables give details of the work which has been carried out at the various clinics.

He continued to see only those children who had a hearing defect and 940 straight-forward cases of enlarged tonsils and/or adenoids which were considered by the School Medical Officers to require treatment were referred direct to hospital.

Of the children examined by the consultant, 377 were referred to hospital. The majority of these children suffered

from enlarged and infected tonsils and/or adenoids or required investigation of sinus infection. Those who needed non-operative treatment were referred to their own doctors.

With regard to the children suffering from deafness, 14 were recommended for admission to special schools—13 for Needwood and one for a school for the totally deaf—and 15 children of pre-school age were referred to the Auditory Diagnostic and Training Clinic established by the Birmingham County Borough Council. The majority suffered from a less

Table 13.

Clinic	No. of Sessions	No. of children referred for examination	No. of children who did not attend	No. of children found to have defects	No. of children referred to Hospital	No. of children not needing treatment or observation
Biddulph	1	21	4	12	1	5
Bilston	18	362	75	205	63	82
Brierley Hill	9	180	53	84	42	43
Cannock	15	306	61	132	52	113
Cheadle	2	40	7	24	6	9
Kidsgrove	3	59	22	19	1	18
Leek	3	61	14	25	7	22
Lichfield	5	102	15	51	20	36
Pheasey	2	34	5	20	4	9
Rowley Regis	5	98	24	47	22	27
Sedgley	6	120	28	49	21	43
Shelfield	7	141	26	73	30	42
Stafford	10	161	52	61	20	48
Tamworth	3	61	17	31	4	13
Tipton	10	191	51	112	39	28
Tutbury	2	37	6	17	4	14
Uttoxeter	3	49	10	25	16	14
Wednesbury	6	120	22	74	25	24
	110	2,143	492	1,061	377	590

severe degree of deafness and arrangements were made for them to be given a favourable position in the front of the class in school.

Eleven children were also examined for whom outside Education Authorities had applied for their admission to Needwood School.

The Specialist is also Consultant to Needwood School and he visited there regularly during the year.

**Table 14. Analysis of defects found**

Tonsils and/or Adenoids	.....	.....	.....	.....	272
Catarrhal Otitis Media	.....	.....	.....	.....	159
Chronic Otitis Media	.....	.....	.....	.....	71
Chronic Suppurative Otitis Media	.....	.....	.....	.....	151
Recurrent Suppurative Otitis Media	.....	.....	.....	.....	15
Healed Suppurative Otitis Media	.....	.....	.....	.....	74
Suppurative Otitis Media	.....	.....	.....	.....	7
External Otitis	.....	.....	.....	.....	3
Discharging ear	.....	.....	.....	.....	1
Congenital deformity of ear	.....	.....	.....	.....	2
Deafness	.....	.....	.....	.....	100
Sinus investigation	.....	.....	.....	.....	75
Rhinitis	.....	.....	.....	.....	3
Epistaxis	.....	.....	.....	.....	1
Radical Mastoid	.....	.....	.....	.....	1
Wax	.....	.....	.....	.....	112
Dental Maloperation	.....	.....	.....	.....	2
Speech defect	.....	.....	.....	.....	2
Mouth Breather	.....	.....	.....	.....	10
					<hr/>
					1,061
					<hr/>

**(vi) Audiometric Survey**

The audiometric team continued to test the hearing of the children of 8 years of age, i.e., those born in 1947, and those of various ages who were presented by head teachers because of suspicion that their hearing was defective.



The following table shows the number of children examined during the year and the number whose hearing was found to be abnormal.

		<i>No. examined</i>	<i>No. with abnormal hearing</i>
Children of 8 years of age	.....	11,408	1,041
Absentees in 1954	.....	629	74
Children of various ages presented by teachers	.....	61	52
		<hr/>	<hr/>
		12,098	1,167
		<hr/>	<hr/>

No. of Schools visited—402.

Compared with the year 1954, there were 182 less children examined and 35 less schools visited but the decrease was accounted for by the absence of the audiometrician due to a period of illness.

It is interesting to note that, of the children presented by the teachers, only 9 were found to have normal hearing.

There were 1,125 absentees in the year's survey group and arrangements will be made for them to be tested in 1956.

All the children, 1,167, who were found to have abnormal hearing were noted for examination by the County Ear, Nose and Throat Specialist. 1,146 children were examined at the various clinics during the year, of whom 708 were found not to require any treatment. The analysis of the defects found in the 438 children needing treatment is shown in the table below. Only 59 failed to keep their appointments.

**Analysis of the defects found in examinations**

Nerve deafness.....	.....	29	} Deafness
Severe Deafness	.....	3	
High tone deafness	.....	3	
Mixed deafness	.....	1	
Middle ear deafness	.....	1	
Grade IIa deafness	.....	3	
Slight deafness	.....	2	
		<hr/>	
		42	
		<hr/>	

Catarrhal deafness	.....	.....	.....	1	} Infections
Catarrhal Otitis Media	.....	.....	.....	50	
Catarrhal Otitis Media with enlarged tonsils and adenoids	.....	.....	.....	55	
Enlarged tonsils and adenoids	.....	.....	.....	53	
Chronic suppurative Otitis Media	.....	.....	.....	56	
Recurrent suppurative Otitis Media	.....	.....	.....	12	
Chronic suppurative Otitis Media with enlarged adenoids	.....	.....	.....	11	
Chronic suppurative Otitis Media with infected sinuses	.....	.....	.....	12	
Suppurative Otitis Media	.....	.....	.....	14	
Acute suppurative Otitis Media	.....	.....	.....	3	
Healed suppurative Otitis Media	.....	.....	.....	20	
Recurrent acute Otitis Media	.....	.....	.....	4	
External Otitis	.....	.....	.....	4	
Rhinitis.....	.....	.....	.....	2	
Sinus infection	.....	.....	.....	35	
Sinus infection with enlarged tonsils and adenoids	.....	.....	.....	5	
				337	
Wax	.....	.....	.....	55	} Others
Mouth Breather	.....	.....	.....	4	
				59	

The first 42 children were suffering from defects of hearing which could be assisted by provision of a hearing aid. The following 337 children had infective conditions—the vast majority of which can be cured or improved by early medical treatment which prevents the conditions from going on to loss of hearing which might develop in the absence of adequate treatment.

There were 55 children suffering from wax in the ears, which leads to transient deafness but which is, nevertheless, a handicap until removed.



All of these children, therefore, received some benefit from attending the Ear, Nose and Throat Surgeon. Without the Audiometric Team it is very doubtful how many of these would have come to light and received prompt and adequate attention.

### (vii) **Psychiatric Clinics**

No. of children on the register at the end of 1954.....	168
No. of children referred for examination during the year .....	176
No. of children discharged after treatment during the year .....	33
No. of children discharged after diagnosis only .....	88
	———— 121
No. of children on the register at the end of the year	223
No. of children attended .....	216

Sources of reference of the new cases for the year :—

School Medical Officers .....	111
General Practitioners .....	16
Hospitals .....	11
Medical Auxiliaries .....	6
Schools .....	19
Children's Department .....	10
Probation Service .....	3

The Child Guidance Service is still handicapped considerably by the lack of staff and suitable premises but it is hoped these difficulties will be overcome in the not too distant future. At present there are only two recognised clinics at which treatment is carried out regularly, but occasional diagnostic sessions are held at various other clinics in the County.

The Psychiatric Social Worker in addition to her normal work of visiting the homes of children who have been referred for treatment, calls at the houses of selected children who are at the Council's Residential School for Maladjusted Children at Basford Hall.

The Ministry of Education has published recently the report of the Committee on Maladjusted Children. This

strongly recommends the extension of the facilities for the examination, treatment and education of these children.

(viii) Speech Therapy Clinics

**Table 15. Summary of Statistics relating to children attending County and other Clinics during the year**

<i>County Clinics</i>	<i>No. of treatments given</i>	<i>No. of children under treatment at 31.12.55</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston .....	986	41	38	35
Blackheath .....	493	11	25	31
Chadsmoor .....	304	14	26	32
Cheadle .....	180	7	8	7
Kidsgrove .....	350	18	15	14
Kingswinford .....	718	21	24	29
Leek .....	539	15	7	16
Lichfield .....	759	31	53	62
Pheasey .....	345	8	22	18
Sedgley .....	284	15	25	20
Shelfield .....	467	16	52	50
Stafford .....	969	58	54	54
Tamworth .....	419	15	25	28
Tettenhall .....	321	10	13	10
Tipton .....	827	32	33	36
Uttoxeter .....	337	30	49	26
Wednesbury .....	371	13	19	8
	8669	355	488	476

<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.55</i>
Birmingham Children's Hospital .....	2
Burton-on-Trent .....	8
Newcastle .....	2
Stoke-on-Trent Education Authority .....	9
Sutton Coldfield .....	2
Wolverhampton Royal Hospital .....	2
Buxton—Derbyshire Education Authority .....	1
Newport—Shropshire Education Authority .....	2

**Table 16. Diagnosis of children attending County Clinics during the year**

Alalia .....	2
Cleft Palate .....	23
Cluttering .....	2

Dysarthria	.....	.....	.....	.....	11
Dysenia	.....	.....	.....	.....	8
Dyslalia (Multiple)	.....	.....	.....	.....	338
Dyslalia (Simple)	.....	.....	.....	.....	77
Dyslalia with Nasality	.....	.....	.....	.....	1
Dysphasia	.....	.....	.....	.....	3
Dysphonia	.....	.....	.....	.....	10
Indistinct Speech	.....	.....	.....	.....	9
Insufficient Jaw Movement	.....	.....	.....	.....	1
Nasality (Excessive)	.....	.....	.....	.....	8
Nasality (Insufficient)	.....	.....	.....	.....	3
Retarded Speech	.....	.....	.....	.....	24
Sigmatism	.....	.....	.....	.....	16
Stammering	.....	.....	.....	.....	255
Stammering and Dyslalia	.....	.....	.....	.....	19
Under Observation	.....	.....	.....	.....	9
No defect found	.....	.....	.....	.....	12

A new clinic was opened at Cheadle during the year.

One Speech Therapist continues to devote part of her time to work in the Excepted District of Newcastle-under-Lyme, and classes are still held at the schools for educationally sub-normal boys and girls at Standon Bowers and Walton Hall respectively.

There are three children with severe speech defects at Moor House Residential Special School, Oxted, Surrey.

#### **(ix) Ultra-Violet Light Clinics**

Treatment has been given at the various clinics as shown in the following table. Children continue to be referred by Chest Physicians and General Practitioners as well as by the School Medical Officers. The normal course consists of 12 treatments, but in special circumstances, a shorter course may be recommended.



Table 17. No. of children referred to Ultra Violet Light Clinics and the number who completed treatment

CLINIC	Number of Cases referred					Number of Cases completed treatment					Total Number of treatments				
	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total
BILSTON	48	9	16	60	133	38	38	8	12	96	438	246	67	453	1204
CANNOCK	33	29	9	26	97	27	37	23	11	98	561	699	274	302	1836
LICHFIELD	12	6	—	11	29	16	10	—	3	29	225	97	—	80	402
PHEASEY	—	9	—	3	12	—	—	9	—	9	—	78	10	12	100
ROWLEY REGIS (Mace St., Old Hill) (Blackheath)	34 11	1 1	— 1	22 16	57 29	33 24	11 4	— 1	15 4	59 33	400 213	39 18	— 12	208 114	647 357
RUGELEY	6	3	—	7	16	7	4	5	—	16	86	73	20	54	233
TIPTON (Central)	11	—	—	—	11	7	—	—	—	7	158	—	—	—	158
TIVIDALE	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
WEDNESBURY (Mesty Croft)	14	6	6	5	31	3	4	4	—	11	295	408	212	264	1179
WILLENHALL	27	18	—	16	61	28	13	—	5	46	359	213	—	128	700
TOTALS	196	82	32	166	476	183	121	48	50	402	2735	1871	595	1615	6816

Compared with the year 1954, 72 less children were referred for treatment and 1,561 less treatments were given. Unfortunately the Tividale Clinic had to remain closed throughout the year owing to lack of staff. The position has improved and the clinic is to be re-opened during 1956.

The following table shows a summary of the cases which have been treated and the improvement made in their condition.



TABLE 18

CLINIC	No. of children attended	No. of children who gained or lost weight			Change in Nutrition		Change in appetite after treatment				No. of children who did not complete treatment
		Gain	No Change	Loss	Impro'd	No Change	Much impro'd	Impro'd	No Change	Worse	
BILSTON .....	70	60	9	—	42	27	42	23	3	1	1
ROWLEY REGIS— Blackheath .....	32	19	4	2	15	8	4	12	8	—	6
Mace Street .....	60	47	4	9	Two not seen after treatment 52	7 worse 10	4	41	15	—	—
LICHFIELD .....	24	24	—	—	13	10	—	13	10	—	1
PHEASEY .....	9	7	—	1	6	2	2	3	3	—	1
RUGELEY .....	13	13	—	—	5	8	2	9	2	—	—
TIPTON .....	11	8	—	—	2	6	2	6	—	—	3
WEDNESBURY— Mesty Croft .....	46	44	—	2	16	30	7	27	12	—	—
WILLENHALL .....	45	35	5	4	30	13	No information	No information	—	—	1

The following are the recorded defects from which the children were suffering and who are reported as having benefited from treatment.

Debility .....	81
Malnutrition .....	4
Debility and Chronic Catarrh .....	2
Bronchitis.....	13
Bronchiectasis and Debility .....	1
Frequent colds .....	19
Poor posture .....	2
Poor appetite .....	9
Acne .....	1
Debility and Chronic T's and A's .....	3
Cervical Adenitis .....	1
Alopecia Areata .....	1
Underweight .....	6
Asthma .....	2
Repeated boils .....	1
Mild Rickets .....	1
Hypotonic .....	1
Anaemia .....	9
Impetigo .....	4
Flat chest .....	1
	<hr/>
	162
	<hr/>

A number of children were reported to have received no benefit from treatment. They were suffering from the following complaints :—

Poor appetite .....	2
Debility .....	17
Catarrh .....	3
Chronic Bronchitis .....	3
Scoliosis .....	1
Malnutrition .....	2
Anaemia .....	1
	<hr/>
	29
	<hr/>

## Hospital Treatment

### (i) *Treatment of Tonsils and Adenoids*

	1953	1954	1955
No. of children referred by S.M.O's .....	691	968	940
No. of children so referred who received operative treatment .....	326	259	318
Total number of children notified by hospitals who received opera- tive treatment .....	1,911	1,953	1,550
No. of children awaiting treatment	1,360	1,712	2,332

Full information is not received from all hospitals in regard to treatment of these cases.

### (ii) *Orthopaedic Treatment*

	1953	1954	1955
No. of children referred to Hos- pitals .....	575	650	617

### (iii) *Orthoptic Treatment*

	<i>No. of children referred to Hospitals</i>		
	1953	1954	1955
Dudley Guest Hospital .....	4	2	8
North Staffs. Royal Infirmary .....	2	6	37
Staffordshire General Infirmary	26	52	83
West Bromwich and District General Hospital .....	7	9	9
Wolverhampton Eye Infirmary .....	16	19	15
Lichfield Victoria Hospital .....	—	153	78
Birmingham Eye Hospital .....	—	—	1
Burton-on-Trent Hospital .....	—	—	4
Corbett Hospital .....	—	—	2
	55	241	237

## Ear, Nose and Throat Defects

Fewer of these defects now come to the notice of the School Medical Officer as many are now being referred direct

to hospital by their general practitioners. There is dissatisfaction amongst many of those concerned that, since the introduction of the appointments system at hospital outpatient departments, the waiting list for appointments is now so long that most children are kept waiting for 2-3 months before they are seen by the Consultant and this applies to all cases, even to those considered by their doctors to be urgent. There seems also to be a deterioration in the position of those cases already awaiting operative treatment. Even those children who require tonsillectomy urgently on account of toxicity and so on seem now to have to wait many months before being operated on. In some cases when these children are sent for, it is found that operation has to be deferred on account of infection and the child is then sent home again, usually to wait for a further long period before being sent for again.

There are seen, however, amongst the older children at school inspections many whose early ear, nose and/or throat infections have become quiescent following only symptomatic and conservative treatment.



# **REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER**

## **Statistical Survey**

The estimated school population of Staffordshire is 127,663. Of this number, 56,868 or 44.55% received the benefit of a dental inspection during the period under review, which is 3,778 less than the previous year. Thus, a total of 70,795 children or 55.45% had not the advantage of an inspection and subsequent treatment for reasons which are outlined below. As far as circumstances will allow, these 70,795 children will be first charge upon the energies of the Dental Staff during the ensuing year. The 56,868 children inspected consisted of 48,261 routine cases and 8,607 special cases.

Of the children inspected, 39,487 or 69.4% were found to have dental defects and, of these, 34,210 were referred for treatment and, of this number, 30,178 actually accepted and received treatment. The total number of attendances by children for treatment was 44,163. Parents to the number of 13,787 accompanied their children at the time of treatment.

The average number of fillings inserted per attendance for conservative work was 1.6 compared with 1.5 for the previous year. The average number of extractions performed per visit was 2, which shows no variation from the previous year.

At 221 Schools or Departments the treatment of the pupils therein was completed during the year, leaving a balance of 397 Schools deprived of this benefit. In addition, a further 33 Schools were inspected but it was not possible to complete the treatment during the year.

## **Special Cases or Emergency Cases**

As has been mentioned above, 8,607 special cases presented themselves for treatment during the year. These cases are children who seek treatment for the relief of pain or some other urgent condition. On an average, three of these cases attend each Clinic every working day. It is safe to assume that the treatment of these cases would absorb at least one half hour of the Dental Officer's time which would otherwise



be devoted to routine treatments. Thus, each week, the equivalent of one treatment session or 10% of the Dental Officer's time is diverted from routine to emergency work.

It is true there has been a reduction of 410 special cases treated this year compared with last but this must not be taken to indicate that the peak of the influx of special cases has been reached and passed. This decline can probably be attributed to the fact that fewer Dental Surgeons have been available. All evidence points to the fact that, until the areas are reduced in school population to such proportion that treatment can be made available to every child at intervals not exceeding twelve months, the number of special cases arising will be in strict mathematical progression to the intervals between treatments.

During the year 1953, when the number of Dental Officers was similar to the period now being considered, 7,887 special cases were treated against 8,607 of 1955, which tends to support the contention that the reduction noted this year is more apparent than real.

The following table illustrates the adverse effect this influx of special cases has upon routine treatments :—

### **Ratio between routine and special cases treated during the period 1948-1955**

		<i>Routine cases</i>	<i>Special cases</i>
1948	.....	4.7	1
1949	.....	3.8	1
1950	.....	4.3	1
1951	.....	3.9	1
1952	.....	3.0	1
1953	.....	2.7	1
1954	.....	2.5	1
1955	.....	2.49	1

### **Treatment**

An analysis of the treatment performed classified into types of treatment is appended.

**TABLE 19**

CHILDREN TREATED FOR		Special Cases	Percentage	Routine Cases	Percentage	Further Appointments	Percentage	Total
FILLINGS ONLY	.....	242	2.81 %	8,862	41.08 %	5,010	35.89 %	14,114
FILLINGS AND EXTRACTIONS	....	14	0.16 %	2,048	9.49 %	657	4.70 %	2,719
EXTRACTIONS ONLY	.....	5,395	62.67 %	9,012	41.78 %	3,841	27.46 %	18,248
ORTHODONTICS	.....	127	1.47 %	—	—	2,894	21.40 %	3,021
SUNDRY OPERATIONS	.....	2,829	32.87 %	1,649	7.64 %	1,583	11.31 %	6,061
TOTAL	.....	8,607		21,571		13,955		44,163

For reasons which require no elaboration, it is considered most desirable that young children should not occupy the dental chair for periods exceeding a quarter of an hour or senior children more than 20 minutes.

This limitation, by its very nature, greatly restricts the operations that can be performed at any one sitting. In an ideal scheme, this restriction would be of no great consequence inasmuch as each child would be treated at intervals not exceeding twelve months and the amount of work required would be easily carried out in the time available. Unfortunately, such a Utopian conception does not apply to Staffordshire. Here, intervals between treatments exceed twelve months and each month presents a major problem.

The Authority's Dental Officers, bearing in mind this limitation and the necessity of avoiding discomfort to their patients, restrict their operations to those which can be completed within the prescribed period.

Such action will, of course, necessitate an additional attendance or attendances on the part of the child. These re-appointments have been increasing year by year and have now reached the total of approximately 14,000. This, coupled with the influx of special cases which has been discussed elsewhere, is most severely restricting the number of routine cases that can be accepted. This tendency leads to a delay in the treatment of routine cases and may lead to the defeat of the major objective of the School Dental Service which is the systematic treatment of routine cases.

Operations and other activities carried out during the year comprised :—

6,935	Amalgam fillings
2,399	Silicate or self-curing acrylic fillings
7,832	Permanent Extractions
423	Gum treatments
6	Roots filled
6	Bites
191	Dentures fitted
11	Dentures repaired
295	X-rays
2	Pulps capped



2	Gums excised
1	Crown fixed
3	Haemorrhages arrested
4,348	Silver nitrate dressings
2,476	Orthodontic supervision
1	Socket syringed
2	Obturators filled
17,509	Amalgam and cement fillings
35,758	Temporary extractions
429	Scalings of teeth
23	Root treatment
953	Impressions
13	Try-ins
19	Dentures eased
124	Fillings polished
14	Teeth trimmed
1	Gum flap removed
4	Crown preparation
1	Gum cautery
3	Suture inserted and removed
935	Other dressings
487	Orthodontic appliances fitted
1	Swab taken

In addition, advice was given on 3,761 occasions.

## Staff

Details of staff changes, which have occurred during the year, are shown elsewhere. During the period under review, a total of 347 half-days were lost through sickness, which is the equivalent of  $\frac{3}{4}$  of a full-time Dental Officer. The staff changes enumerated, coupled with the loss through sickness, has resulted in a diminution of 384 half-days devoted to the work compared with last year.

Recruitment has been practically non-existent, although all reasonable steps have been taken with this object in view. Remuneration and conditions of service as applied to School Dental Officers is governed by awards made by a Whitley Council whose findings are observed nationally. Whilst not outweighing the advantages of the Whitley machinery,



certain drawbacks exist which operate to the disadvantage of a highly industrialized county such as Staffordshire. Conditions of service being equal with all Authorities, a decisive factor influencing the decision of a potential candidate to apply for a post is where he will have to reside. It is thought that it would be non-controversial to imagine that an applicant would perhaps prefer Torquay to the Black Country. It is agreed that this difficulty could probably be overcome if a financial inducement could be made to those who would have to reside in less desirable districts.

By and large, the paucity of recruitment to the School Health Service is bound up in finance. The disparity between the financial awards of those engaged in the School Health Service and those in private practice has recently widened to a marked degree. Thus, employment in School work is likely to be even more unattractive than it has proved in the past. The existing paradoxical position is likely to continue whereby a section of the general public who are of lesser biological importance, namely the elderly, can readily obtain treatment for the provision of dentures whilst the young, who are the nation of tomorrow, are largely deprived of a contributory factor towards their general well-being.

## **Areas**

For the third year in succession routine dental treatment has remained suspended in the Tamworth, Shelfield, Darlaston and Wednesbury areas. Additional to this, due to resignations, routine treatment has had to be suspended at Wednesfield since July and Stafford No. 2 Area since October. On the credit side, Bilston has remained open on a part-time basis throughout the year and Leek Area was re-opened on a full-time basis in April. The position in other Areas within the County has already been described in previous reports and need not be here repeated. No significant change has occurred in these areas with two exceptions.

Due to a big influx of mining families from South Wales and Durham into the Audley and Cheadle areas, the school population has risen sharply in these localities. This has resulted in a tendency for these areas to get out of hand and

steps must be taken to break down these areas into smaller units if and when the Staff position allows.

Acceptance rate

The percentage of children accepting and receiving treatment during the year was 88.2 % compared with 88 % for the previous year, which is a variation of no significance. The proportion of children who seek and obtain treatment from private sources appears to vary greatly from area to area. In some localities it appears next to impossible for a child to obtain treatment under the terms of the National Health Service Act but this treatment appears to be readily available if the parent is in a position to pay fees which are acceptable to the private practitioner. On the other hand, there are localities where the private practitioner has proved most helpful and does all that can reasonably be expected to help to ease a most difficult situation. The Dental Officers persevere in their attempts to enhance the acceptance rate but they encounter a major obstacle. This is where parents or child state that they are taking steps to obtain treatment from private sources. It would not be ethical for the Dental Officer to attempt to get this decision reversed. On the other hand, in cases of non-conditional refusal, the Dental Officer tries to interview the parent with the object of obtaining a withdrawal of this refusal.

Table 20 showing acceptance rate of treatment for all Schools treated during 1955

<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No of Schools</i>
100 %	24	87 %	4	74 %	—	61 %	1
99 %	3	86 %	6	73 %	2	60 %	3
98 %	4	85 %	7	72 %	2	59 %	—
97 %	6	84 %	5	71 %	3	58 %	3
96 %	3	83 %	8	70 %	3	57 %	1
95 %	6	82 %	4	69 %	3	56 %	1
94 %	4	81 %	5	68 %	1	55 %	2
93 %	9	80 %	1	67 %	4	54 %	1
92 %	7	79 %	2	66 %	3	53 %	2
91 %	6	78 %	6	65 %	5	52 %	3
90 %	10	77 %	6	64 %	4	51 %	14
89 %	3	76 %	6	63 %	2	and	
88 %	4	75 %	5	62 %	4	under	

## **Incidence of Dental Caries**

The phenomenal increase in dental caries observed since the War is attributed to the ready availability of refined carbo-hydrates with special emphasis on biscuits and sweets. When sweets were rationed, the family supply was usually bought in one lot and was disposed of with rapidity. Thus, when sweets were available in the home, the child would in all probability indulge in a mild orgy and consume its and its parents' share in one fell swoop and then no more for another week. A child's teeth, therefore, would be in contact with freely fermentable material for an hour or so and then free from a like contamination for a considerable period. Today, of course, the picture has entirely changed. Sweets of all varieties are readily available and purchased freely. Consequently, today, the child consumes sweets with frequency and in bulk. This change in habit is considered by a majority of investigators to contribute very largely to the increased incidence of caries.

The investigation into the dental condition has been continued and the results of this are tabulated in the following :



**Table 21 showing the deterioration in the dental condition of the Entrant Class (5 year age group) since 1947**

<i>Year</i>	<i>No. of children examined</i>	<i>No. with sound dentitions</i>	<i>No. with one tooth decayed</i>	<i>No. with two teeth decayed</i>	<i>No. with three teeth decayed</i>	<i>No. with four or more teeth decayed</i>
1947 %	3920	1519 38.9	525 13.4	566 14.4	434 11.0	876 22.3
1948 %	5392	1710 31.7	603 11.2	858 15.9	581 10.8	1640 30.4
1949 %	4068	1333 32.8	508 12.5	552 13.6	354 8.7	1321 32.4
1950 %	4094	1218 30.0	431 11.0	653 16.0	360 9.0	1402 34.0
1951 %	3673	1017 27.7	400 10.9	546 14.8	426 11.6	1284 35.0
1952 %	4626	1070 23.2	426 9.2	607 13.1	508 10.9	1915 41.1
1953 %	4982	1060 21.3	330 6.6	602 12.1	465 9.4	2525 50.6
1954 %	4462	776 17.2	342 7.7	539 12.0	457 10.2	2358 52.9
1955 %	3246	609 18.7	245 7.5	392 12.1	313 9.7	1685 51.9

In addition to this, appended will be found findings in connection with the Ministry of Education special investigation into the oral conditions of the 5 and 12 year age groups.

**Table 22 Special investigation of the oral conditions of the 5 and 12 year age group**

<i>Age Group</i>	<i>No. of children examined</i>	<i>No. of decayed missing or filled teeth</i>	<i>No. of children showing no decayed missing or filled teeth</i>	<i>% of children showing no decayed missing or filled teeth</i>	<i>Average No. of decayed missing or filled teeth per child</i>
5	3456	14056	611	17.6	4.1
12	2753	7501	437	15.9	2.7

**Orthodontics**

Orthodontic treatment is a service which has come much to the fore during the last decade.



This type of treatment presents difficulty in a large county such as Staffordshire which is not encountered in a borough or city, viz., supervision. Conditions in the industrial belt are comparable to those of a compact Authority, but in remote rural areas the difficulty of supervision constitutes a major problem. The attendance of children at a main clinic for supervision from such localities is governed by the availability of public transport. Frequently it is found that such an attendance entails that the child loses a whole day at school. Obviously this is a circumstance which must not happen too frequently. Consequently, a compromised form of treatment is instituted whereby combining judicious extractions with an appliance which requires the minimum of adjustments, supervision attendances are reduced to reasonable proportions.

A pilot survey of several West Midland counties and boroughs, including Staffordshire, to ascertain the degree of malocclusion existing, has recently been completed. The investigation showed that 44% of the children had malocclusion in some form and that 15% of the children in the Junior and Senior Schools who would benefit by appliance therapy would accept this treatment. From this data it is possible to assess the magnitude of the problem of the provision of orthodontic treatment as applied to Staffordshire.

The demand for orthodontic treatment, accelerated by recommendations by both Medical Officers and Speech Therapists, is steadily increasing. Further, it is considered likely that the contemplated active Dental Health Propaganda to be undertaken by various bodies will, in its turn, induce an appreciation of the value of orthodontic treatment with a resulting stepping-up in demand.

For the year under review, the activities of this section of the Dental Scheme are outlined in the following tables :—

**Table 23    Details of work for Orthodontic cases**

<i>New Cases</i>			<i>Extractions for the purpose of regulation</i>	
<i>No. treated by extraction only</i>	<i>No. treated by extractions &amp; appliances</i>	<i>No. treated by appliances only</i>		
			<i>Temps.</i>	<i>Perms</i>
703	53	168	818	447

<i>Type of appliances supplied</i>				<i>Total attendances for all purposes</i>	<i>Attendances for supervision</i>
<i>Fixed</i>	<i>Remove-able</i>	<i>Oral screens</i>	<i>Mono blocks</i>		
	441	38	8	4153	2476

<i>No. of cases brought forward from the previous year</i>	<i>No. of cases completed during the year</i>	<i>Treatment suspended due to lack of co-operation</i>	<i>Time occupied in the work expressed in sessions</i>
126	114	42	276

**X-ray Examination**

Facilities for X-ray examination outlined in previous reports have remained unchanged.

A total of 295 films were exposed compared with 273 for the previous year.

**General Anaesthetics**

In the main, general anaesthetic sessions are held during the mornings. It would appear that Dental Officers regard afternoon sessions with some disfavour for the following reasons :—

The parent of each child who is to have a general anaesthetic receives a printed notice asking them to ensure that the child does not have a meal for at least 3 hours before the administration. For morning sessions this instruction is generally faithfully followed but such fortunate results are

not attained for the afternoon since the pangs of hunger often conquer discretion. Each child is questioned before the administration as to whether it has had a meal and the answer is invariably in the negative. In such cases vomiting can and does occur which constitutes a grave danger in view of the fact that the throat is packed.

The number of administrations performed during 1955 was 7,321 a figure that is approximately 500 less than in the previous year. Members of the Medical staff carried out the administrations. The anaesthetic used varied according to the needs of the operator but, in the main, consisted of gas and oxygen.

### **Oral Hygienist**

The Oral Hygienist has been fully employed during the year and a table showing her treatment activities is given below. Whilst this aspect has proved helpful in removing some of the operative burden from the shoulders of the Dental Officer, her greatest contribution has been in the sphere of prevention. In this connection she has visited 36 Schools and given 157 talks to substantial groups of children. These talks vary both in context and length in accordance with the age and intelligence of the children. In addition, she gave 477 individual chairside demonstrations on tooth cleaning and the maintenance of oral hygiene.

It will be interesting to observe if there follows any appreciable fall in the caries incidence in the areas in which she has been active.

### **Work performed during the year 1955**

1.	Number of children who had teeth scaled	.....	600
2.	Number of pupils who had gum treatment	.....	144
3.	Number of pupils who had teeth polished	.....	600
4.	Number of pupils who received chairside instruction in oral hygiene	..... .....	477
5.	Total attendances for treatment	..... .....	608
6.	Number of schools visited for propaganda purposes	..... .....	36
7.	Number of group talks on school premises	.....	157
8.	Sessions devoted to treatment	..... .....	212
9.	Sessions devoted to propaganda purposes	.....	92



# Mobile Dental Clinic

The two Mobile Clinics have been in full use during the whole of the year and their usefulness, already observed, has been amply confirmed. It was hoped that additional Clinics would have been in operation during the last months of the year but, due to manufacturing delays, this hope was not fulfilled.

**Table 24. Summary of Dental Statistics**

1.	Number of children who were inspected by the Dentist :—				
	(a) Routine age groups	.....	.....	.....	48,261
	(b) Specials	.....	.....	.....	8,607
	Total (1)	.....	.....		56,868
2.	Number of children found to require treatment				39,487
3.	Number of children referred for treatment	.....			34,210
4.	Number of children actually treated	.....	.....		30,178
5.	Attendances made by children for treatment including those recorded under 11 ( <i>h</i> )	.....			44,163
6.	Half-days devoted to (Inspection—429) (Treatment—5,593)				
	Total (6)	.....	.....		6,022
7.	Fillings—(Permanent teeth—26,499) (Temporary teeth—344)				
	Total (7)	.....	.....		26,843
8.	Number of teeth filled— (Permanent teeth—23,944) (Temporary teeth—339)				
	Total (8)	.....	.....		24,283
9.	Extractions—(Temporary teeth—35,758) (Permanent teeth—7,832)				
	Total (9)	.....	.....		43,590
10.	Administration of general anaesthetics for Extractions	.....	.....	.....	7,321



11. Orthodontics—

(a) Cases commenced during the year .....	924
(b) Cases carried forward from previous year .....	126
(c) Cases completed during the year .....	114
Cases discontinued during the year .....	42
(e) Pupils treated with appli- ances .....	221
(f) Removable appliances fitted	487
(g) Fixed appliances fitted .....	—
(h) Total attendances .....	4,153
12. Number of pupils supplied with artificial den- tures .....	191
13. Other operations—(Permanent teeth—5,940) (Temporary teeth—4,344)	
Total (13) .....	10,284

PART IV—INFECTIOUS DISEASE

(a) Summary of Notifications from Head Teachers

Table 25. Comparative Statistics 1949-1955. Suspected cases of infectious disease.

	1949	1950	1951	1952	1953	1954	1955
Scarlet Fever	578	686	646	725	519	447	308
Scarlatina	—	—	—	34	22	—	—
Diphtheria	31	41	71	23	36	15	16
Measles	2,674	3,142	5,097	2,313	4,680	963	5,520
German Measles	78	212	1,741	1,930	712	820	333
Whooping Cough	679	1,354	1,745	911	1,425	773	519
Mumps	848	2,237	2,240	1,963	1,721	3,170	1,027
Chicken-pox	1,613	2,276	4,088	4,762	3,544	3,121	2,246
Influenza	101	109	2,288	80	285	988	283
Scabies	19	5	9	4	4	2	—
Infantile Paralysis	16	87	3	7	8	7	14
Meningitis	—	6	2	4	1	5	—
Impetigo	9	6	4	9	21	42	53
Ringworm	3	2	6	3	5	1	6
Jaundice	24	66	23	10	37	69	70
Pink Eye	11	3	—	—	—	—	—
Conjunctivitis	—	—	4	7	1	—	1
Dysentery	—	—	97	18	1	171	41
Sickness and Diarrhoea	—	—	—	—	—	—	7
Paratyphoid	—	—	2	—	—	—	—
Cerebro Spinal Fever	—	—	—	—	1	—	1
Tonsillitis	—	—	—	—	—	—	4
Glandular Fever	—	—	—	—	—	—	1
TOTALS	6,684	10,232	18,066	12,803	13,023	10,594	10,450

The table above shows very little change in the overall number of cases of infectious diseases reported during the year—as compared with 1954. The main event during the year was the widespread outbreak of measles during the months of April—June which affected all parts of the country. The disease continues to exhibit its mild form and its regular 2 year periodicity so that a reduction in incidence can be expected in 1956.

The number of cases of most of the other infectious diseases declined during the year, i.e. Scarlet Fever, German Measles, Whooping Cough, Mumps, Chickenpox, Influenza and Dysentery. For the first time in several years there were no cases reported of meningitis or scabies. There was a further small increase in the number of cases of impetigo—following the trend of recent years—and one more case of infective jaundice. The long continued smouldering outbreak in a town in the North of the County, mentioned in last year's Annual Report, has now come to an end after the initiation of all possible control measures. There was a small outbreak of this condition in July in a nursery school in the South of the County.

The number of cases of infantile paralysis increased to 14 and, while this is not large, the disease remains a serious problem in view of the permanent sequelae and the emotional impact on the parents. With present plans for vaccination, it is to be hoped that future years will show an improvement in this respect.

In February it became necessary to close a nursery school in the South of the County on account of an outbreak of Sonne dysentery. The condition was mild and so unrecognised until it became widespread. 12 children and 3 members of the staff were affected. Sonne dysentery was present during much of the year in the Stafford and Cannock areas. In February there was also a small outbreak of scarlet fever in a school in Kingsley. The school was kept under supervision and control measures were applied by the School Medical Officer.

An enquiry was made into an outbreak of vomiting at Lane Green J. M. and I. School, which occurred in Novem-

ber. This appeared to be of an infective nature but no connection was established with school meals.

In the same month there was an outbreak of diphtheria at one of the Residential Special Schools. After one child was diagnosed as suffering from the disease, mass swabbing of children at the school discovered a large number of other children who were carrying the organism in their throat. All these children were transferred to hospital for treatment. By immunising all remaining children, disinfection of the children's articles and other control measures, the outbreak was brought under control in two weeks and the school was cleared of infection by the end of the year.

A number of children transferred to hospital developed symptoms while in Bucknall Isolation Hospital but, thanks to prompt treatment, all eventually made a satisfactory recovery. This once more underlines the necessity for constant vigilance if this disease is to be finally wiped out of this County.



Table 26. Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1955

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet fever	40	44	51	10	19	22	12	—	13	22	48	29	308
Diphtheria	2	4	1	—	—	—	5	—	1	—	2	1	16
Measles	277	589	1113	596	1244	1193	414	—	23	26	20	25	5520
German measles	4	8	34	15	41	99	99	—	8	6	13	6	333
Whooping cough	67	92	84	57	29	48	29	—	33	39	32	9	519
Mumps	283	221	181	43	102	113	43	—	10	10	16	5	1027
Chicken pox	179	294	319	216	113	238	162	—	38	158	274	255	2246
Influenza	142	119	19	—	—	—	—	—	1	—	2	—	283
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—
Infantile paralysis	—	—	—	—	—	—	7	—	1	4	2	—	14
Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo	2	4	6	1	—	5	4	—	9	7	11	4	53
Ringworm	—	—	—	—	2	—	2	—	1	—	1	—	6
Jaundice	7	16	15	2	2	7	9	—	1	6	5	—	70
Dysentery	6	61	19	6	33	19	—	—	—	—	19	8	41
Sickness and Diarrhoea	—	—	—	—	—	—	—	—	—	6	1	—	7
Conjunctivitis	—	—	—	—	—	—	1	—	—	—	—	—	1
Tonsillitis	—	1	—	—	—	—	—	—	—	—	3	—	4
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	1	—	—	1
Glandular Fever	—	—	—	—	—	—	1	—	—	—	—	—	1
TOTALS	1003	1417	1829	940	1552	1725	788	—	146	285	434	337	10450

(b) Vaccination

Table 27. Number of children found to have been vaccinated when examined at the periodical medical inspection

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated					
				1950	1951	1952	1953	1954	1955
Entrants .....	14,039	2,812	11,227	67.6	70.3	69.3	72.5	69.8	79.97
2nd Age Group .....	11,412	4,070	7,342	66.1	70.8	62.7	63.9	65.4	64.34
3rd Age Group .....	7,947	2,611	5,336	65.8	63.1	67.9	64.6	64.8	67.14
Other Periodic Inspections .....	289	88	201						69.55

The figures for the 2nd and 3rd age groups show little change from the average but there is an appreciable increase in the percentage of unvaccinated children in the “ entrants ” group.

The large proportion of children who continue to be unprotected by vaccination remains a chronic source of disquiet, and it is only to be hoped that efforts to persuade parents to furnish their children with this form of protection are more successful in future years.

### (c) Diphtheria Immunisation

**Table 28. Number of children (5-14 years) immunised during the year**

	1953	1954	1955
Complete immunisation .....	2,599	3,973	2,669
Re-inforcement doses .....	8,521	14,872	9,714

Compared with 1954 there has been a fall in the total number of children immunised and this is due to the resignation in June of the Medical Officer in one of the three teams of doctor and nurse which carried out immunisation during the year, and it was not possible to appoint a successor until the end of the year. The team has now been re-instituted and is working again to make up arrears.

The need for diphtheria immunisation is undiminished since sporadic cases of diphtheria still occur in the southern half of the county.

### (d) Tuberculosis

**Table 29. Summary of Reports received from Chest Physicians**

Number of children on Dispensary registers at the end of 1955 .....	422
Number of new cases during the year .....	60
Number of children on registers at end of year .....	348
Suspected cases (under observation) at the end of 1955	21
Cases found to be non-tubercular during 1955 .....	1,225
Pulmonary—	
Number in Sanatoria at the end of 1955 .....	38
Number being treated at home .....	172



## Non-Pulmonary

Number in Orthopaedic Hospitals at the end of the year .....	36
Number being treated at home .....	96
Number discharged having recovered .....	23
Number discharged having left the district .....	6
Diagnosis of cases undergoing treatment at the end of the year :	

## Pulmonary

(including pleura and intrathoracic glands) .....	237
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## Non-pulmonary—

Bones and joints .....	37
Glands .....	46
Abdomen .....	20
Miscellaneous .....	7

It has been necessary during the year to carry out investigations at three schools as a result of five children and one teacher being found to be suffering from active pulmonary tuberculosis. In one school, a large one, there were four children within a year found to have the disease. In this school all the children were subjected to a Mantoux test and then examined at a Mass X-ray Unit. As a result, one child was found to have inactive tuberculosis and three others had other abnormalities. All were referred to the chest clinic or to their own doctor. Altogether 1,038 children were X-rayed with 62 of the teaching and other staff at the school. In a second school, the contacts were X-rayed, all with satisfactory results.

At the school where the affected teacher was found, 195 children and seven of the staff were X-rayed. It was necessary to refer only one child to the chest clinic but no definite defect was found.

At a fourth school, one of the kitchen staff who had been employed only for a very short time was discovered to be suffering from active pulmonary tuberculosis. The whole of the staff agreed to be X-rayed and the result in every case was satisfactory.



## PART V—GENERAL HEALTH

(a) Table 30 Classification of the General Condition of Pupils inspected during the year at periodical medical inspections.

<i>Age Groups</i>	<i>No. of Pupils Inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	14,039	6,909	49.21	6,944	49.46	186	1.33
Second Age Group	11,412	6,111	53.55	5,168	45.29	133	1.16
Third Age Group	7,947	3,615	45.49	4,175	52.54	157	1.97
Other Periodic Inspections .....	289	129	44.64	157	54.32	3	1.04
	33,687	16,764	49.77	16,444	48.81	479	1.42

These figures show an increase in each group of children in Category "A" and a similar decrease in Categories "B" and "C," and this is the first year in which this has occurred. In 1953 and 1954 there was a fall in the case of the "entrants" in Category "A" with an equivalent increase in Category "B." This progressive decline in the percentage of children who are classified as being in poor health is a very welcome trend.

In future years children will be classified only as "Satisfactory" or "Unsatisfactory."

There is a mounting danger in the spread of television which takes its toll of children's sleep, so that there is a daily quota of pale and tired children in the morning at school. The policy whereby the "Children's Hour" ends at 6 p.m. with a break before the evening programme is most valuable and parents should be firm in not allowing young children to stay up until late hours.

**(b) Table 31. Milk in Schools Scheme**

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools supplied</i>	<i>No. of Pupils</i>
Pasteurised .....	58	605	99,060
Tuberculin Tested	13	17	525
Un-designated .....	2	2	44
	<hr/> 73 <hr/>	<hr/> 624 <hr/>	<hr/> 99,629 <hr/>

It has not been possible, in spite of repeated efforts, to obtain a supplier of designated milk for two schools. There are four schools which are not being supplied with milk due to inability to find a supplier of milk in  $\frac{1}{3}$ -pint bottles to schools in remote areas. These schools contain 121 pupils.

**(c) Table 32. Milk for Handicapped Pupils unable to attend school.**

No. of old applications renewed .....	27
No. of new applications granted .....	17
No. of children who ceased to receive milk during the year .....	16

**(d) School Meals**

The Director of Education has kindly supplied the information regarding School Meals and Physical Education.

Work in this service continues to make satisfactory progress.

During the year a most successful residential course for Cooks and Supervisors was run at Nelson Hall. About 45 women from all parts of the County benefited not only from the lectures and demonstrations touching on every aspect of the service, but from living together and being able to discuss difficulties and problems with each other.

Eleven new kitchens were opened—most of these in new schools. Although it is possible to obtain easily the services of women to act as general assistants, it is much more difficult to enlist women with training and/or experience as cooks. This makes the services of the Peripatetic Supervisor invaluable. She is able to take charge if a cook, or supervisor,

is away, or work alongside a newly-appointed cook, giving training and direction in the actual kitchen in which the cook is to work.

The number of children taking meals has risen to 51,000 a day, the highest figure reached yet. This is partly due to an increased school population, and also to a slightly higher percentage of children taking meals.

During the coming year it is hoped that several small schools at which it has not yet been possible to serve meals will have a small kitchen, and so be able to provide yet more children with a well-balanced and appetising mid-day meal.

One School Medical Officer reports that at one school visited the headmaster stated that he considered the meals to be really excellent and much above the standard which might reasonably be expected.

There is less satisfaction at schools where the food is brought in containers as the food then seems to lose some of its flavour and palatability. There were no complaints about the quantity of the food supplied.

In many rural schools, meals are served in classrooms cleared for this purpose. While at present this is unavoidable due to shortage of space, etc., this arrangement is not ideal. In the majority of cases sandwiches either brought from home or prepared by the authorities and hot milk drinks are supplied. If the sandwiches are good and the children are given hot meals on their return home, this arrangement has advantages, since both children and staff enjoy their lunch and there is little waste.

Kitchen helpers and staff are becoming increasingly aware of the need for cleanliness in the preparation and handling of food.

### **Hygiene of School Meals Premises**

Between September, 1953 and April, 1955, the County Sanitary Officers have carried out a survey of premises used by the above Service throughout the administrative county. In all a total of 459 premises have been inspected, comprising 21 Central Kitchens, 152 Kitchen-Dining-rooms and 286 "Wash-ups." (A Central Kitchen is a kitchen where meals



are cooked only, the meals then being sent out in insulated containers to a number of schools in the area. A Kitchen-Dining-room is a kitchen where meals are both cooked and served on the premises, and in some cases meals may also be sent out. A " Wash-up " is situated at a school which receives its meals in containers, in other words where the meals are served and washing-up is carried out, but no meals are cooked on the premises).

In the case of Brierley Hill Urban District (which is a Food and Drugs Authority) the Brierley Hill Health Department requested a joint inspection and this was carried out, a report on the findings being afterwards submitted to the Director of Education.

A report was also submitted to the Director of Education on the school meals premises in the Cannock Urban District.

In the case of the remainder of the County, matters requiring urgent and immediate attention were notified to the Director straight away, and early action has thus been obtained to comply with the Department's requirements. Otherwise, it has been found that as work is continually going on to improve conditions in the school meals premises, it is better that a general surveillance should be exercised by the Sanitary Officers as they go around the County, so as to ensure that any specific undesirable features are being dealt with as opportunity occurs and so that general conditions can be observed from time to time. This system is materially aided by an arrangement which has been arrived at since the survey was started, whereby all plans for work upon new or existing school meals premises are now being submitted to the County Medical Officer for his observations before the final form of the work is agreed upon. This arrangement is found to be most useful and avoids errors in hygienic or sanitary arrangements before the work is carried out, while the Sanitary Officers are kept informed where work is due to be commenced in the near future. The School Meals Section of the Education Department also calls upon the Council's Sanitary Officers for assistance or advice whenever they feel it would be helpful.

It is felt that there is a general and pronounced trend of improvement continually taking place in the School Meals



Service, especially so far as buildings and equipment are concerned and it is the aim of the Health Department to assist this process by every means possible.

Appended is a summary of the types of premises inspected in each of the local authority areas of the County, together with a detailed analysis of the defects found in each class of premises at the time of inspection.

**Table 33. Number of Separate Premises Inspected**

<i>District</i>	<i>Central Kitchens</i>	<i>Kitchen- Dining- rooms</i>	<i>“ Wash- ups ”</i>
Aldridge .....	—	4	5
Amblecote .....	—	—	1
Biddulph .....	1	1	4
Bilston .....	1	4	14
Brierley Hill .....	—	2	14
Brownhills .....	—	—	7
Cannock R.D. ....	1	5	15
Cannock U.D. ....	1	11	12
Cheadle .....	2	11	15
Coseley .....	—	3	17
Darlaston .....	1	—	8
Kidsgrove .....	1	2	10
Leek R.D. ....	1	12	8
Leek U.D. ....	—	3	6
Lichfield City .....	—	6	3
Lichfield R.D. ....	—	4	17
Newcastle R.D. ....	—	7	5
Rowley Regis .....	—	14	3
Rugeley .....	1	2	7
Sedgley .....	—	2	8
Seisdon .....	—	4	6
Stafford M.B. ....	—	11	6
Stafford R.D. ....	—	3	12
Stone R.D. ....	1	3	15
Stone U.D. ....	1	2	4
Tamworth .....	—	6	3
Tettenhall .....	—	2	3

Tipton .....	4	—	21
Tutbury .....	—	5	—
Uttoxeter R.D. ....	—	6	5
Uttoxeter U.D. ....	—	3	—
Wednesbury.....	2	9	13
Wednesfield .....	—	2	7
Willenhall .....	1	3	12
Outside			
Administrative C'ty	2	—	—
<hr/>			
Totals .....	21	152	286
<hr/>			

**Table 34. Analysis of Defects found**

	<i>Central Kitchens</i>	<i>Kitchen- Dining- rooms</i>	<i>"Wash- ups"</i>
TOTAL INSPECTED .....	21	152	286
DEFECTS FOUND—			
Unsatisfactory floor drainage .....	3	11	—
Redecoration needed .....	6	29	58
Condensation and/or inadequate ventilation.....	14	73	66
Unsatisfactory W.C. accommodation.....	4	18	12
Absence of grease-traps ‡ .....	6	34	83
Sinks, drainers, etc., worn, defective, inadequate	6	32	85
Absence of fly-proofing .....	10	55	—
Inadequate artificial light .....	1	1	6
Inadequate storage space (or unsatisfactory)	4	49	9
Inadequate sterilisation of containers .....	3	21	—
Unsatisfactory waste-food arrangements .....	2	10	4
Unsatisfactory refuse arrangements .....	2	2	—
Refrigerator space inadequate.....	1	1	—
Internal drain openings .....	1	2	5
Unsatisfactory or defective floor surfaces .....	—	5	9
Lack of, or inadequate, handwashing facilities	—	46	181
Inadequate or defective hot water supplies .....	—	10	75
Dampness (e.g. of store-rooms) .....	1	6	—
Lack of Staff room (and clothing accommoda- tion) .....	—	12	—
Absence of sterilising sink .....	—	54	163
Rusty interior of hot cupboards .....	—	5	27
Absence of refrigerator .....	—	10	—
Refrigerator out of order .....	—	6	—
Solid fuel boiler in Kitchen (dust, etc.) .....	—	10	8
Solid fuel cookers in Kitchen (dust, etc.) .....	—	3	—
Fumes from paraffin cooking stoves .....	—	1	—
Unsatisfactory water supplies .....	—	7	4
Use of unsuitable premises (cloakrooms, rented premises, private houses, etc.) .....	—	5	67
Premises too small for meals dealt with .....	—	6	—
Inadequate natural lighting .....	—	3	28
Absence of ventilation to wash-room .....	—	1	—
Inadequate fuel storage .....	—	1	—
Incorrect fixing of appliances .....	—	1	—

Rough condition of working surfaces (tables, etc.) .....	—	1	—
Defective roof .....	—	1	—
Rat infestation .....	—	1	—
Defective ceiling .....	—	—	1
Defective or obstructed drains .....	—	—	1
Absence of hot cupboard .....	—	—	1

‡ There is some diversity of opinion at the present time as to the necessity for grease-traps when synthetic detergents are in common use. This question needs some further investigation before a definite opinion can be expressed.

### (e) Physical Education

The fine summer weather has helped the work in this branch of education to proceed unhindered, particularly in rural schools which have few indoor facilities. The weather has generally encouraged more coaching of cricket, tennis, athletics and swimming.

Practically every primary school now has some kind of climbing and agility apparatus and more new school halls have been supplied with the full range of gymnastic equipment. As a result of strengthening activities on this apparatus there is a marked improvement in the physique and posture of the children.

The standard of work in primary schools has been adversely affected by frequent changes in staff, particularly among women teachers. Most progress has been observed in schools which have had the good fortune to retain the same staff for a number of years.

Large classes are still common in secondary schools, but it is anticipated that this situation will improve as new schools with good facilities including gymnasias and playing fields come into use. It is anticipated that qualified teachers of physical education will take up posts in these new schools.

More secondary school halls have been equipped with fixed apparatus and at present there are 25 fully-equipped gymnasias, 34 halls with fixed and portable apparatus and 38 halls with portable apparatus only. Of these, only 37 have changing rooms and showers.

All children in secondary schools are now supplied with gymnastic clothing and plimsolls, if unable to provide their own, and each school has suitable cabinets for storage.

More playing fields have come into use during the year, but there is still a shortage of pitches for hockey, football and cricket, particularly in industrial areas.



Some 26 girls' schools now have their own tennis courts and public courts, where available, have been hired for the use of others. It has been found that hard courts are most suitable for school purposes.

More concrete match and practice wickets have been laid and surfaced with Bitu Turf. The true surfaces have helped considerably in the coaching of cricket during the year and there has been a marked improvement in stroke play. During the Spring term three schools have used the indoor cricket coaching facilities in Stourbridge Baths' hall.

Swimming instruction was given at 22 Baths during the Summer term, and each week 193 Schools sent 666 classes with a total attendance of 19,980. In the Autumn term nine baths were used and 104 schools sent 306 classes, with a total average attendance of 9,080 weekly. These records do not include schools with their own baths. The total number of awards gained was 6,125 County and 564 Royal Life Saving Society.

Camping was very popular this year and after stormy weather in early May the sunny days following helped to make camp life very agreeable. The County Camps for boys and girls at Teddesley Park, Cotwalton and Coven were used from May to July. There was also a Summer camp for boys at Rhoscolyn, Anglesey, during August holidays. The camp programmes included Camp Training, Light Weight Camping, Rowing, Canoeing and Sailing. Some of the sailing boats were constructed by boys in secondary schools. There was a total attendance of 2,226 boys and girls at all camps during the season.

Teachers taking part in local Physical Education Courses numbered 176. This included 35 men and women teachers who attended the first Course in Remedial Exercises for minor postural defects in school children which was arranged in conjunction with the County School Medical Officer.

Residential Courses were held at Lilleshall and Teddesley Camp for men teachers and there was an attendance of 49.

In spite of the continued shortage of specialist teachers of physical education in secondary schools, the head teachers and staffs have overcome many difficulties and succeeded in arousing the interest of their pupils and maintaining a reasonable standard of achievement during the year.



**(f) Children Neglected or Ill-Treated in their Own Homes**

The local Committees which were set up in accordance with the provisions of the Joint Circular of the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of Education, are continuing to carry out valuable work in regard to these children and, during the year, 23 cases were referred to the Local Co-ordinating Officers.

**PART VI—UNCLEANLINESS**

**Table 35. Infestation with Vermin**

(i)	Total number of examinations in the schools by the School Nurses or other authorised persons .....	299,496
(ii)	Total number of individual pupils found to be infested .....	6,521
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944) .....	92
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944) .....	37

**Table 36. Analysis of Infestation**

		<i>Head</i>			
		<i>Body</i>	<i>Clothing</i>	<i>Lice</i>	<i>Nits</i>
No. of children.....	.....	196	257	942	10,023

The number of Sacker combs sold to parents during the year was 168.

There have been very few cases of really bad infestation of the head but the incidence of nits seems regrettably high, particularly among the senior girls of lower mentality, many of whom are incorrigible offenders. A number of these children share beds with sisters no longer at school and who receive no treatment, thereby proving a constant and unavoidable source of re-infection. The incidence amongst boys appears to be very low.

Leaflets giving suitable advice were circulated to the children found to be infested.

**PART VII—HYGIENE**

**Table 37. Inspection of School Premises**

No. of schools inspected	.....	.....	.....	616
No of defects found	.....	.....	.....	402
No. of defects rectified	.....	.....	.....	26

The discrepancy between the defects found and rectified is due partly to the economy which had to be exercised but also to the fact that many of the defects cannot be rectified during the year in which they are found.

There has been a comprehensive plan agreed by the Education Committee for improvement of hygienic conditions in the schools throughout the county. This is now in hand and it is hoped that, in future, there should be a steady diminution in the number of defects.

The School Medical Officers report that on the whole the general hygiene of school premises continues to improve. Most schools have now been re-decorated and minor defects, i.e. those not involving major structural alterations, are dealt with promptly. Electricity has replaced gas in most of the rural schools.

The main complaints especially in rural schools continue to revolve round out-of-date offices and lack of toilet facilities for staff. The newer the buildings, the better the state of cleanliness, largely due to better floors, smoother walls, more easily accessible windows and more sensible layout.

Overcrowding is very marked in some schools and facilities for medical inspections still leave much to be desired. There has been little change in the last year. However, where inspections were held in nearby clinics, the arrangement proved very satisfactory from both the medical and teachers' point of view.

Most schools visited now provide toilet paper. The use of individual towels is encouraged, especially in infant and junior schools, as is also the use of separate mugs. Many

new desks have been provided for junior schools and in all infant classes inspected, chairs and tables were in use.

In most instances heating and ventilation had improved.

First aid equipment is now kept in better condition and is more fully stocked than was previously the case.

### School Water Supplies

A total of 280 samples were taken for bacteriological or chemical examination during 1955. The considerable increase over 1954 is accounted for by the fact that certain investigations were carried out in the case of unsatisfactory samples on main piped water supplies, and an attempt was made to have an occasional check sample on all the piped water supplies serving schools in the County, i.e. in addition to the regular routine checking of all non-main supplies.

**Table 38.**

(a)	No. of schools at which samples were taken .....	96
(b)	No. of samples taken for bacteriological or chemical examination .....	280
(c)	Results of examinations :—	
	(i) No. satisfactory .....	210
	(ii) No. unsatisfactory .....	70
(d)	Analysis of action taken regarding unsatisfactory samples :—	
(i)	Repeat samples satisfactory.....	4
(ii)	Work carried out on supply, and improvement effected .....	3
(iii)	Defects in chlorination remedied .....	3
(iv)	Supply via churns—cleanliness of churns at fault and remedied .....	1
(v)	Chlorinating equipment installed .....	1
(vi)	Mains supply pressed for, and laid on during year .....	1
(vii)	Mains supply available and being pressed for .....	2
(viii)	Chlorination pressed for : boiling meanwhile continued .....	2
(ix)	Representations to water under-taking re variable quality of town supply .....	1



(x)	Improvement of supplies pressed for : boiling meanwhile adopted .....	1
(xi)	Supply via churns—action in proper at end of year .....	3
(xii)	Boiling adopted or continued .....	13
(e)	Main piped water supplies laid on during 1955 .....	5
(f)	Schools without main piped water supply at 31.12.55 .....	40
(g)	Schools with main piped water available but not yet laid into school .....	3



(a) Table 39. Position regarding handicapped pupils at 31st December, 1955

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1955		Number awaiting admission to Special Schools		Number in or having Special provision at an Ordinary School		Number having Home Tuition including those for admission to Special Schools		At Home without Tuition	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind .....	24	10	15	8	3	4	8	2	—	—	1	—	—	—
Partially Sighted .....	25	30	13	11	2	1	3	1	7	16	—	—	2	2
Deaf .....	54	43	50	40	13	5	4	3	—	—	—	—	—	—
Partially Deaf.....	63	47	18	18	7	7	6	3	37	26	—	—	2	—
Delicate .....	92	61	43	26	49	31	3	4	44	28	2	3	—	—
Educationally Sub-Normal .....	631	299	184	83	60	42	142	66	301	149	6	2	—	—
Epileptics .....	73	88	3	2	—	—	2	—	67	85	1	1	—	—
Maladjusted .....	206	126	29	9	9	7	5	2	172	115	—	—	—	—
Physically Handicapped .....	345	287	31	31	14	9	51	30	237	206	40	24	8	7
Speech Defects .....	421	162	3	—	1	—	—	—	418	162	—	—	—	—
TOTALS .....	1,934	1,153	389	228	158	106	224	111	1,283	787	50	30	12	9
GRAND TOTALS .....	3,087		617		264		335		2,070		80		21	

N.B.—Pupils attending Hospital Special Schools are not included in this table.

Pupils in the Excepted District of Newcastle-under-Lyme who are in or awaiting admission to residential special schools only are included.

Table 39 includes some children who do not come within the categories of handicapped children as defined in the Handicapped Pupils School Health Service Regulations, 1953. These suffer from a milder type of handicap which does not prevent their attendance at the ordinary school. They are, however, kept under constant supervision to ensure they are properly placed and that the necessary action can be taken immediately some special educational provision is necessary.

Children suffering from debility and other defects which did not warrant their being admitted to open-air schools were sent to convalescent homes for short periods. Altogether 403 children were admitted to the following homes during the year.

<i>Convalescent Home</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Convalescent Children's Home, West			
Kirkby       .....       .....       .....       .....	1	3	4
St. Mary's Home, Broadstairs       .....	121	200	321
Sheen Park Hotel, Walmer       .....       .....	72	6	78
	<hr/>	<hr/>	<hr/>
	194	209	403
	<hr/>	<hr/>	<hr/>

(b) **Table 40. Visiting of Educationally Sub-Normal Children by Mental Welfare Visitors**

Number of E.S.N. children on the visiting list at	
31.12.54       .....       .....       .....       .....       .....	15
Number of E.S.N. children referred during 1955       .....	—
Number of Home Visits       .....       .....       .....       .....	10
Number of individual Progress Reports       .....       .....	7
Number of E.S.N. children on the visiting list at	
31.12.55       .....       .....       .....       .....       .....	9

(c) **Table 41. Classification of children referred to the Mental Health Authority**

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944) .....	57
Ineducable (Sect. 57(4) Education Act, 1944) .....	1
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944) .....	39
	—
Total .....	97
	—

(d) **Further Education of Handicapped Pupils**

The Authority provides Home Tuition for Handicapped Persons who are over the statutory school-leaving age, and in certain cases it also pays for correspondence courses for persons whose period of treatment in hospitals or sanatoria is likely to be prolonged.

During 1955 tuition in the basic subjects of reading, writing and arithmetic was given to 11 persons in their homes, and to 2 persons in hospitals. 4 persons received home tuition with a vocational bias. Correspondence courses in vocational subjects were provided for five persons in sanatoria. In addition, two handicapped persons are members of a class for illiterates and received their tuition at one of the Evening Institutes.

(e) **Staffordshire Special Schools**

Basford Hall .....	Residential	Maladjusted	30 boys	10—16 years
William Baxter School	Day	E.S.N.	60 boys and girls	10—16 years
Standon Bowers School	Residential	E.S.N.	60 boys	10—16 years
Walton Hall .....	Residential	E.S.N.	48 girls	10—16 years
Loxley Hall .....	Residential	E.S.N.	80 boys	8—16 years
Needwood .....	Residential	Partially Deaf	154 boys and girls	5—16 years

The work of all the schools has continued satisfactorily throughout the year, but the following points regarding particular schools are of interest :—



*William Baxter School.* Proposals to erect an extra classroom have been approved by the Ministry of Education, and it is hoped that this will be carried out in the early part of 1956 with a consequent increase in the accommodation up to 80 children.

*Loxley Hall.* Various structural repairs and improvements have been carried out during the year, and further ones are expected to be completed during 1956. Difficulties in obtaining the necessary staff have now largely been overcome with the result that a further 24 children have been admitted to fill the school, 5 in January, 1955, 3 in February, 1955, 9 in June, 1955, and 7 in September, 1955.

*Needwood.* The necessary teachers' living quarters have now been completed, and further improvements, such as a gymnasium and playing fields, are under way. Owing to the difficulty in obtaining the necessary staff it has not yet been possible to fill the school, but further children were admitted in January, 1955, May, 1955, and September, 1955, making a total of 136 at the present time, with 18 vacancies to fill as staff becomes available.

*Wightwick Hall.* It is hoped that this new school for physically handicapped children will be opened in September, 1956, and preparations are now going ahead to obtain the necessary staff, equipment, etc.

### **Mass Radiography**

The Mass Radiography Mobile Units of Birmingham, Dudley, Stoke-on-Trent and Wolverhampton continued to work during the year and more than 4,019 children of 14 years or over from 69 schools were reported to have attended for X-ray. Teachers and other staff including clerks, caretakers and canteen workers from these schools were examined, as were also those from Junior Schools in the same districts. In some instances, it has not been possible for the Medical Directors of the Units to report the number of adults examined owing to the extra work which would be involved in analysing records. In a border district of the County where children from other authorities attended at the same time for examination it was not possible for the same reason



to report the number of children from Staffordshire who were X-rayed.

Eleven children were reported to have various abnormalities and where necessary, were referred to their own doctors or to chest clinics. One child was found to have active pulmonary tuberculosis, seven other children were recalled for a large film to be taken, but no abnormalities were reported.

The Director of Education has arranged for conveyance from the schools to the Units whenever this has been necessary.

**BOROUGH OF NEWCASTLE-UNDER-LYME**  
**(EXCEPTED DISTRICT)**

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**SCHOOL HEALTH SERVICE STAFF**

*Borough School Medical Officer :*

JOHN WARRACK, M.B., Ch.B., D.P.H.

*Deputy Borough School Medical Officer :*

ISADORE ASH, M.D. Rome, D.P.H.

*School Medical Officer :*

MARY M. STEVENS, M.B., Ch.B. (Resigned 31.10.55).

JOYCE L. VASEY, M.B., B.S. (Appointed 1.11.55).

*Part-time Assistant School Medical Officers :*

DR. T. CRAIG.

DR. P. G. JOHNSON.

*Part-time Physiotherapist :*

MISS L. M. LOCKETT, M.C.S.P.

*Part-time Speech Therapist :*

MISS J. M. MOON, L.C.S.T.

*Part-time Ophthalmic Surgeon :*

MR. A. N. CAMERON,

F.R.C.S., M.B., Ch.B., D.O.M.S. (Resigned 15.11.55)

MR. P. J. M. KENT,

M.R.C.S., L.R.C.P., D.O.M.S. (Appointed 25.11.55)

*Borough School Dental Officers :*

MR. J. A. CLUNAS, L.D.S.

MR. H. PEAKE, L.D.S., R.C.S. Eng., (Part-time).

MR. H. P. DASH, L.D.S. (Appointed 8.2.55, Part-time).

*Part-time Dental Anaesthetist :*

DR. E. M. P. LAW.

*Dental Assistant :*

MISS E. HITCHEN.

## **PART IX. BOROUGH OF NEWCASTLE-UNDER-LYME. (EXCEPTED DISTRICT)**

Dr. John Warrack, School Medical Officer for the Borough of Newcastle, has kindly supplied the information for the following remarks :—

### **Staff**

As mentioned in the introduction to this report, numerous changes have taken place in the staff of the School Health Service in the Excepted District during the year under review. At the end of the year the establishment was as follows :—

### **Health Visitors/School Nurses**

Five nurses give 5 half days per week to the School Health Service. Two nurses give 4 half days per week to the School Health Service. One nurse gives 3 half days per week to the School Health Service.

### **School Nurses**

One full-time.

### **Assistant Nurses**

Three full-time.

Details of the Staff engaged in the School Health Service in the Borough are summarised in Table VI which can be found towards the end of this report.

### **School Population**

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 12,868, which is an increase of 107 over the previous year's figure.

### **Arrangements made for periodical Medical Inspections**

As arranged in 1954, periodic medical inspections take place of children within the schools in the Borough as follows: (1) During the first year of school life. (2) Between the ages of 9 and 10. (3) Between the ages of 14 and 15 and (4) in County Grammar Schools between the ages of 17 and 18.

In addition all children have an eyesight test between their 7th and 8th birthday, special provision being made for those who do not know their letters.

2,993 parents availed themselves of the opportunity to be present at the examination of their children. This figure represents 68.89 per cent of the children examined, which shows a slight increase over last year's percentage of 64.54.

## **Review of the facts disclosed by Medical Inspection and of the methods employed for the treatment of defects**

### *A.—Clothing and Footwear*

Four children were found to have defective clothing or footgear, or both. In all such cases the homes are visited by a school nurse with a view to rectifying the deficiencies found.

### *B.—Nutrition*

The nutritional condition of the children examined at periodic medical inspections is shown in Table II.B in the statistical tables at the end of this report.

### *C.—Uncleanliness*

49 children were found to have verminous heads at routine school medical inspections. This number does not include children found to be verminous during cleanliness surveys or at Clinics.

### *D.—Tonsils and Adenoids*

At periodical and special examinations 107 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 83 cases received operative treatment through arrangement made by the School Health Service. In addition there were 546 cases which required only medical treatment and/or observation.

### *E.—Tuberculosis*

During 1955, 30 children were referred to the Chest Physician for examination. 10 children attending schools within the Borough have been notified as suffering from Tuberculosis—8 pulmonary and 2 non-pulmonary.



#### F.—*Skin Diseases*

56 cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and found to be requiring treatment. 18 of these were referred to the Dermatological Clinic at the North Staffordshire Royal Infirmary.

#### G.—*External Eye Disease*

5 cases suffering from external eye disease were referred for treatment during the year to the North Staffordshire Royal Infirmary.

#### H.—*Defective Vision and Squint*

147 cases of defective vision and squint discovered at routine and special medical examinations were referred for treatment, being 144 cases of defective vision and 3 cases of squint. In addition 2 cases of squint discovered at examinations at school Clinics were also referred for treatment. During the year 537 children with defective vision were prescribed glasses after examination by the Schools Ophthalmic Surgeon. By the end of the year glasses had been obtained by 458 of these children.

#### J.—*Ear Disease and Defective Hearing*

At routine medical inspections during 1955, 69 cases in this category were found to require treatment and of this number 8 were referred to the North Staffordshire Royal Infirmary, the remainder being treated at the School Clinics.

### **Additional Examinations**

#### *Medical Inspection prior to admission to Training Colleges*

During 1955, 81 pupils attending schools within the Borough have had a special medical examination by the School Medical Officers before admission to colleges for training for the teaching profession.

#### *Medical Inspection of new Entrants to the teaching profession*

During 1955, 10 medical examinations, with subsequent X-ray of chests as required by the Ministry of Education, were carried out on new entrants to the teaching profession within the Borough.

## Treatment of Uncleanliness

The school nurses make periodic inspections of the children in school, to ascertain the condition of cleanliness of their heads and bodies. The number of examinations carried out were 61,150. 2,570 children were found to be infested and cleansing notices were issued in respect of each case. Of this number, 774 were dealt with at cleansing sessions at school clinics.

## Minor Ailment Clinics

During the year the eight minor ailment clinics in the Borough continued to operate as follows :—

Knutton,	Tuesday	10-30 a.m. to 12 noon
High Street	Friday	9-30 a.m. to 10-30 a.m.
Silverdale,	Thursday	10-30 a.m. to 11-30 a.m.
Mill Street		
Chesterton,	Monday	9-30 a.m. to 12 noon
Broadmeadow	Friday	11-00 a.m. to 12 noon
Red Street	Wednesday	11-00 a.m. to 11-30 a.m.
School		
Wolstanton,	Monday	9-00 a.m. to 11-00 a.m.
Lily Street	Tuesday	9-00 a.m. to 11-00 a.m.
	Wednesday	9-00 a.m. to 11-00 a.m.
	Thursday	9-00 a.m. to 12 noon
	Friday	9-00 a.m. to 11-00 a.m.
Newcastle,	Monday	9-30 a.m. to 12 noon
Friarswood	Tuesday	9-30 a.m. to 12 noon
House	Wednesday	9-30 a.m. to 12 noon
	Thursday	9-30 a.m. to 12 noon
	Friday	2-00 p.m. to 4-00 p.m.
Hempstalls	Wednesday	10-00 a.m. to 11-00 a.m.
School		
Bradwell C.S.M.	Monday	9-30 a.m. to 10-30 a.m.
School		

All minor ailments are treated at school clinics and the cases dealt with are included in Table IV at the end of this report. During the year the number of attendances at the various minor ailment clinics was 17,771. Parents and teachers send to the clinics any cases which they consider require

attention and cases are also referred to the clinics for the treatment of defects found at periodic inspections.

### **Ophthalmic Clinic**

This clinic is held each Friday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 863 children had refractions carried out and in 537 cases spectacles were prescribed.

### **Sun-Ray Clinic**

The sun-ray clinic at Friarswood House, Priory Road, Newcastle, has continued on Wednesday afternoons from 1-30 p.m. to 3-30 p.m. and Saturday mornings from 9 a.m. to 11 a.m. A qualified physiotherapist is in attendance at both sessions and a Medical Officer is also present during the Wednesday afternoon sessions. During 1955, 101 children, making a total of 1,242 attendances, received one or more courses of treatment, each course consisting of 13 attendances.

### **Breathing Exercises**

78 cases attended the breathing exercise clinic established for the treatment of children suffering from certain diseases of the nose, throat and lungs during the year. 385 attendances were made. The clinic is held once weekly on Wednesday afternoons from 3-30 p.m. to 4-30 p.m. The cases are under the control of the physiotherapist.

### **Remedial Exercises**

A class for remedial exercises for children suffering from orthopaedic defects is held weekly with the physiotherapist in charge. 60 children were dealt with, receiving 317 treatments.

### **Speech Therapy**

The Speech Therapist continued to provide this very necessary service on Monday mornings and afternoons and Thursday mornings and afternoons. 48 children received treatment during the year. 28 completed their treatment and were discharged.



## **Child Guidance**

The arrangement existing between the Excepted District and the Stoke-on-Trent Education Authority continued during the year. Pupils attending schools within the Borough who are in need of Child Guidance treatment can receive this treatment in the City. During 1955, 10 cases were dealt with in this way.

## **Mass X-ray**

During the year 2,661 children and 161 teachers and other school personnel from schools within the Borough had miniature X-rays taken. Only one of the above persons was found to have a condition which warranted further investigation by the Chest Physician.

## **X-ray of Kitchen Staff**

During 1955, 55 members of the school meals service kitchen staff had X-rays of their chests taken at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed.

## **School Dental Service**

The following report on the work of the Dental Service in the Borough has been submitted by the Borough School Dental Officer :—

“During the past year the staff has consisted of one full-time dental surgeon operating at the Priory Road Clinic and two part-time dental surgeons. One of the latter has worked two mornings per week at the Chesterton Clinic whilst the other has worked five sessions per week at the Lily Street Clinic in Wolstanton. The equipping of this surgery was completed at the beginning of July.

Children in attendance at twenty-six schools were dentally inspected and treatment was offered where indicated. The total number of children inspected was 8,115 and these comprised 6,621 routine cases and 1,494 special cases. Of the number inspected 5,442 were found to have dental defects, and of this number 5,410 were referred for treatment.



The rate for accepting treatment was 84.7 per cent for routine cases and 100 per cent for special cases.

Total attendances for all purposes was 3,818. There still remains a large amount of work to be completed from the inspections which have been carried out.

The following operations were performed during the year :—

1,704	Permanent teeth extracted
3,395	Temporary teeth extracted
1,456	Amalgam and cement fillings
153	Silicate fillings
3	Root fillings
9	Orthodontic appliances
68	Orthodontic supervision
4	Try-ins
40	Dentures fitted
4	Alterations to dentures
14	Applications of Silver Nitrate
79	Dressings
76	Scalings
107	Impressions
12	Root treatments
37	Gum treatments
6	Sockets syringed
3	Arrests of haemorrhage
48	X-rays

Advice was given to parents on 223 occasions and parents to the number of 1,705 accompanied their children to the clinics.”

### **School Meals Service**

The School Meals Organiser within the Borough has kindly supplied me with the following information :—

“ During the year January, 1955 to December, 1955, school meals were supplied to the children in the Borough of Newcastle-under-Lyme from the following kitchens :—

Knutton Central Kitchen	Bradwell C.P. School
Ellison Street C.P. School	Bradwell C.S. School

Silverdale C.P. School  
Hempstalls C.P. School  
Langdale C.P. School

Four Grammar Schools  
Four Nursery Schools

Figures given below show the number of meals served during the year, as compared with 1954 :—

1954—53,288

1955—58,903

### **Holiday Feeding**

As in previous years, arrangements for the provision of school meals during holiday periods were made so that any child could, on application, receive a school dinner. As in previous years, children on the free meals list form the greater proportion of those attending during school holidays.

Throughout the year, the holiday meals were supplied, on rota, from the following kitchens :—

Ellison Street C.P. School

Langdale C.P. School

Knutton Central

Silverdale C.P.

Bradwell C.P. School

and distributed to various school meals centres in the Borough. Arrangements were made to open one meals centre in each area.

### **Nursery Schools**

At the four Nursery Schools, the children continue to receive a mid-morning light meal, a mid-day dinner, and “ tea ” after their afternoon rest period.

New arrangements for the supply of Welfare foods came into force early in the year :—

The permitted quantities allowed for each child under five years are :—

Orange Juice—one 6 oz. bottle every four weeks.

Cod Liver Oil—one 6 oz. bottle every twelve weeks.

### **Medical Inspections**

New school meals staff (both full-time and part-time) continue to be medically examined and X-rayed prior to their official appointment. After any length of absence, school meals employees produce a signed certificate from their own doctor to certify that they are fit to return to work and

free from any disease which might make the preparation or handling of food by her harmful to others.

### **Uniform**

Uniform is supplied to all schools meals staff and is laundered weekly.

### **Meetings**

Several meetings of Cook Supervisors were arranged and a variety of topics discussed.

Throughout the year, the meals have been enjoyed both by the teachers and children, and the amount of waste is negligible.

### **Physical Training**

Throughout this year steady progress has been observed in all branches of Physical Education.

The provision of clothing and plimsolls in both Secondary Modern Schools and Primary Junior Schools has been brought to requisite standards. Accommodation for the storage of these items is completed in Secondary Modern Schools, but further accommodation is still required in Primary Junior Schools.

Larger numbers of scholars than previously have taken part in Inter-School, County or Inter-County competitions in games, athletics and Swimming during 1955.

### **Secondary Modern Schools**

Progress in physical education in Secondary Modern Schools has been maintained despite the difficulties experienced in most of these schools resulting from teaching this branch of the curriculum in small halls upon which so many other calls are made.

Fixed apparatus for physical education has been installed this year in two Secondary Modern Schools.

### **Primary Junior Schools**

The influence and value of further supplies of climbing and agility apparatus is reflected in the progress in physical education observed in these schools.



## **Playing Fields and Games**

The playing space for field games and athletics in the Borough continues to be totally inadequate except for the Pool Dam Playing Field. This factor together with the lack of suitable footwear and clothing for field games, seriously handicaps the development of games within the schools.

Competition in football, cricket and field games have, however, continued in season throughout the year. Cricket has been handicapped seriously through the lack of prepared squares. Teachers have continued in their valuable efforts to stimulate the children's interest.

Basket ball is now an established game for boys in most secondary schools within the Borough.

## **Athletics**

All secondary schools and many primary schools held their own athletic sports during the Summer Term, and there was an improved standard of performances.

## **Swimming**

Some 1,852 scholars in the first and second years of the secondary modern schools have received instruction weekly throughout the year. Seven passed examinations of the Royal Life Saving Society, and 1,351 passed swimming tests.

## **Camping**

Some 231 scholars of Secondary Schools have, throughout the Summer Term, attended camps organised by the Staffordshire Education Committee at Teddesley Park, Coven and Cotwalton.

A wide range of activities including campcraft, country activities, lightweight camping, canoeing and sailing, provided a most attractive and profitable programme.

64 boys from Secondary Schools attended Staffordshire Schools Holiday Camps at Rhoscolyn Bay in Anglesey.



# MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Special Schools)

YEAR ENDED 31st DECEMBER, 1955

**TABLE I**

*A—Periodic Medical Inspections*

Number of Inspections in the prescribed groups

5—6 years	.....	.....	.....	.....	.....	1,271
9—10 years	.....	.....	.....	.....	.....	1,529
14—15 years	.....	.....	.....	.....	.....	1,236

4,036

Number of other periodic inspections	.....	.....	.....	.....	130
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Grand Total	.....	.....	4,166
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*B—Other Inspections*

Number of Special Inspections	.....	.....	.....	.....	190
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Number of Re-Inspections	.....	.....	.....	.....	178
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Total	.....	.....	368
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*C—Pupils found to require treatment*

Number of Individual pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table 2 A</i>	<i>Total Individual pupils</i>
(1)	(2)	(3)	(4)
5—6 years	8	121	122
9—10 years	67	189	237
14—15 years	48	76	93
Total (prescribed groups)	123	386	452
Other Periodic Inspections	20	18	35
Grand Total	143	404	487

**TABLE II**

**A—Return of Defects found by Medical Inspection in the year ended 31st December, 1955**

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS No. of Defects		SPECIAL INSPECTIONS No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .....	54	198	2	3
5	Eyes—				
	(a) Vision .....	143	454	1	31
	(b) Squint .....	3	84	—	2
	(c) Other .....	20	57	1	6
6	Ears—				
	(a) Hearing .....	5	55	1	2
	(b) Otitis Media .....	7	23	—	—
	(c) Other .....	55	85	1	2
7	Nose or Throat .....	101	533	6	13
8	Speech .....	3	46	2	4
9	Cervical Glands .....	4	94	—	2
10	Heart and Circulation .....	7	63	2	50
11	Lungs .....	47	176	—	5
12	Developmental—				
	(a) Hernia.....	3	15	—	1
	(b) Other .....	4	44	3	4
13	Orthopaedic—				
	(a) Posture .....	1	61	—	2
	(b) Flat Foot .....	36	155	—	5
	(c) Other .....	14	189	—	5
14	Nervous system—				
	(a) Epilepsy .....	—	4	—	—
	(b) Other .....	—	7	—	1
15	Psychological—				
	(a) Development .....	—	9	—	—
	(b) Stability .....	7	115	—	18
16	Other .....	15	216	—	9

**B—Classification of the General Condition of Pupils inspected during the year in the age groups**

Age Groups	No. of pupils inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
5—6 years .....	1,271	845	66.5	423	33.3	3	0.2
9—10 years .....	1,529	836	54.7	685	44.8	8	0.5
14—15 years .....	1,236	828	67.0	408	33.0	—	—
Other Periodic Inspections .....	130	74	57.0	56	43.0	—	—
<b>Total</b> .....	<b>4,166</b>	<b>2,583</b>	<b>62.0</b>	<b>1,572</b>	<b>37.7</b>	<b>11</b>	<b>0.3</b>

**TABLE III**  
**Infestation with Vermin**

Total number of examinations in the schools by the school nurses or other authorized persons .....	61,150
Total number of individual pupils found to be infested .....	2,570
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) .....	774
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) .....	774

**TABLE IV**  
**TREATMENT OF PUPILS ATTENDING**  
**MAINTAINED PRIMARY AND SECONDARY**  
**SCHOOLS**

(Including Special Schools)

**Group 1—Disease of the Skin (Excluding uncleanness, for which see Table III)**

						<i>Number of cases treated or under treatment during the year</i>	
						<i>By the Authority</i>	<i>Otherwise</i>
Ringworm	(i)	Scalp	.....	.....	.....	1	—
	(ii)	Body	.....	.....	.....	9	1
Scabies	.....	.....	.....	.....	.....	2	—
Impetigo	.....	.....	.....	.....	.....	148	—
Other Skin Diseases	.....	.....	.....	.....	.....	3,210	17
Total						3,370	18

**Group 2—Eye Diseases, Defective Vision and Squint**

						<i>Number of cases dealt with</i>	
						<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint	.....	.....	.....	.....	.....	342	5
Errors of Refraction (including Squint)	.....	.....	.....	.....	.....	863*	17
Total						1,205	22
Number of pupils for whom spectacles were							
(a)	prescribed	.....	.....	.....	.....	537*	—
(b)	obtained	.....	.....	.....	.....	458*	—
Total						995	—

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.



**Group 3— Diseases and Defects of Ear, Nose and Throat**

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment—		
(a) for diseases of the ear .....	—	—
(b) for adenoids and chronic tonsillitis .....	—	83
(c) for other nose and throat conditions .....	—	1
Received other form of treatment .....	353	48
Total .....	353	132

**Group 4—Orthopaedic and Postural Defects**

(a) Number treated as in-patients in hospitals .....	21 <i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g. in clinics or out-patient departments .....	55	26

**Group 5—Child Guidance Treatment**

	<i>No. of cases treated</i>	
	<i>In the Authority's Child Guidance Clinic</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics.....	Nil	10

**Group 6—Speech Therapy**

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists .....	48	Nil

**Group 7—Other Treatment Given**

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments .....	1,698	—
(b) Other than (a) above (specify)		
1. Respiratory .....	78	30
2. Injuries .....	1,231	55
3. Debility, etc.—Sun-Ray .....	101	—
Total .....	3,108	85



## TABLE V

### Dental Inspection and Treatment

For the year ended 31st December, 1955.

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
	(a)	Periodic	.....	.....	.....	.....	6,621
	(b)	Specials	.....	.....	.....	.....	1,494
		Total (1)	.....	.....	.....	.....	<u>8,115</u>
(2)	Number found to require treatment						5,442
(3)	Number offered treatment						5,410
(4)	Number actually treated						2,549
(5)	Attendances made by pupils for treatment						3,818
(6)	Half days devoted to—						
		Inspection	.....	.....	.....	.....	158
		Treatment	.....	.....	.....	.....	467
		Total (6)	.....	.....	.....	.....	<u>625</u>
(7)	Fillings :						
		Permanent Teeth	.....	.....	.....	.....	1,609
		Temporary Teeth	.....	.....	.....	.....	26
		Total (7)	.....	.....	.....	.....	<u>1,635</u>
(8)	Number of teeth filled—						
		Permanent Teeth	.....	.....	.....	.....	1,319
		Temporary Teeth	.....	.....	.....	.....	25
		Total (8)	.....	.....	.....	.....	<u>1,344</u>
(9)	Extractions—						
		Permanent Teeth	.....	.....	.....	.....	1,704
		Temporary Teeth	.....	.....	.....	.....	3,395
		Total (9)	.....	.....	.....	.....	<u>5,099</u>
(10)	Administration of general anaesthetics for extraction						1,549
(11)	Other operations—						
		Permanent Teeth	.....	.....	.....	.....	488
		Temporary Teeth	.....	.....	.....	.....	14
		Total (11)	.....	.....	.....	.....	<u>502</u>

**TABLE VI**  
**Staff of the School Health Service**

		Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a)	Medical Officers*		
	(i) Whole-time School Health Service .....	1	1.0
	(ii) Whole-time School Health and Local Health Services .....	2	.8
	(iii) General practitioners working part-time in the School Health Service .....	2	.09
(b)	Physiotherapists, Speech Therapists, etc. (specify) .....		
	Physiotherapist .....	1	.18
	Speech Therapist .....	1	.37
	Ophthalmologist .....	1	.09
(c)	(i) School Nurses .....	7	3.45
	(ii) No. of the above who hold a Health Visitor's certificate .....	6	
(d)	Nursing Assistants .....	3	3.0

(e) Dental Staff :—	Officers employed on a salary basis		Officers employed on a sessional basis	
	No. of Officers	Numbers in terms of full-time officers employed in the school Dental Service	No. of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(i) Dental Officers .....	1	1.0	2	.46
(ii) Orthodontists (if not already included in (e) (i) above). .....	—	—	—	—
TOTAL .....	1	1.0	2	.46

	No. of officers	Number in terms of full-time officers employed in the School Health Service
(iv) Dental Attendants .....	1	1.0
(v) Other Staff (specify) : — Anaesthetist .....	1	.18

\*All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

## TABLE VII

**NUMBER OF SCHOOL CLINICS** (i.e., Premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics      ....      8

**I. TYPE OF EXAMINATION AND/OR TREATMENT** provided, at the school clinics either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment  (1)	Number of School Clinics (i.e., 8 premises) where such treatment is provided :—	
	Directly by the Authority  (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor ailment and other non-specialist examination or treatment      ....      ....	8	—
B. Dental      ....      ....      ....	2	—
C. Ophthalmic      ....      ....	1	—
D. Ear, Nose and Throat      ....	—	—
E. Orthopaedic      ....      ....	1	—
F. Paediatric      ....      ....	—	—
G. Speech Therapy      ....      ....	1	—
H. Others (specify) :—		
Sun-ray      ....      ....	1	—
Breathing Exercises      ....	1	—

TABLE VIII

# Handicapped Pupils requiring Education at Special Schools (other than Hospital Schools) or Boarding in Boarding Homes

	(1) <i>Blind</i> (2) <i>Partially sighted</i>		(3) <i>Deaf</i> (4) <i>Partially deaf</i>		(5) <i>Delicate</i> (6) <i>Physically handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1955 :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes	—	—	—	—	3	—	2	—	—	5
B. were <i>newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes	—	—	—	—	16	8	5	—	—	29
On or about 31st January, 1956 :—										
C. Number of Handicapped pupils from the area :—										
(i) attending Special schools as										
(a) Day Pupils .....	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils .....	4	3	—	—	3	2	15	3	—	30
(ii) attending independent schools under arrangements made by the Authority .....										Nil
(iii) boarded in Homes and not already included under (i) or (ii)										Nil
TOTAL C. ....	4	3	—	—	3	2	15	3	—	30
D. Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944. (i) in Hospitals .....										Nil
(ii) in other groups (e.g. units for spastics) .....										Nil
(iii) at home .....	—	—	—	—	—	4	—	—	—	4



TABLE VIII—Continued

	(1) <i>Blind</i> (2) <i>Partially</i> <i>sighted</i>		(3) <i>Deaf</i> (4) <i>Partially</i> <i>Deaf</i>		(5) <i>Delicate</i> (6) <i>Phys-</i> <i>ically</i> <i>handicapped</i>		(7) <i>Educa-</i> <i>tionally</i> <i>sub-normal</i> (8) <i>Mal-</i> <i>adjusted</i>		(9) <i>epil-</i> <i>eptic</i>	Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
E. No. of Handicapped Pupils requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School										
(i) Day .....	—	—	—	—	18	21	59	—	—	98
(ii) Boarding .....	1	—	1	—	2	3	2	—	—	9

F.—Number of children reported during the year :—

(a) Under Section 57 (3) (excluding any returned under (b) .....	4
(b) Under Section 57 (3) relying on Section 57 (4) .....	—
(c) Under Section 57 (5) .....	—

of the Education Act, 1944.

G.—Amount spent on arrangements under **SECTION 56** of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1955—£2,372 0s. 0d